

# A Physical Activity Programme to Support the Development of Namibian Youth in an “At-Risk” Context

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## **DECLARATION**

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and has not previously in its entirety or in part been submitted at any University for a degree.



## Summary

The positive relationship between physical activity and recreation and a reduction in risk factors for youth has extensive historical roots. The definition of youth in an at-risk context has evolved over the years and may be conceptualized on a continuum ranging from low risk to chronic deviance. Many factors predispose youth to behavioural risk factors. These predisposing factors include variables related to the individual (self), family, peers, school, and community.

The current situation in Namibia suggests that there is need for concern about youth in an at-risk context, and that efforts to minimize risk factors for youth will provide diverse personal and social benefits. Strategies involving physical activity and recreation appear particularly promising in minimizing risk factors for youth. Physical activity and recreational participation can provide positive benefits related to psychological health, physical health, familial interaction, peer influence, academic performance, community development, and other lifestyle behaviours. The documentation supporting the enormous potential of physical activity and recreational programmes to positively influence youth in an at-risk context cannot be ignored.

The 305 participants in the survey and the 35 participants from the Physically Active Youth (PAY) Group provided invaluable input into this research. All participants provided unique insight.

Throughout the research it became increasingly apparent that there is incredible potential for physical activity initiatives to positively impact on youth in an at-risk context. Physical activity can help youth in an at-risk context by improving self-esteem, providing positive role models, teaching teamwork and social skills, promoting self-confidence, providing a sense of belonging, reducing risk factors for disease, giving youth something constructive to do, providing a means of releasing stress, promoting positive morals and values, teaching cognitive, leadership and life skills, providing a sense of community, fostering family support, and promoting the wellness of youth. At the end of the PAY pilot project all learners showed remarkable increases in their fitness levels, their attitudes changed towards being more positive and the programme showed a passing rate of 91%.

Many organizations are currently providing programmes or services that directly or indirectly impact on youth in an at-risk context. There was a general consensus that these

efforts is in need of government policy that will result in better coordination of such programmes. Successful programmes need to have youth spearheading the initiative. Programmes also need to be flexible, accommodating, inexpensive (or free), with good leadership and community support. Programmes directed towards youth in an at-risk context should be non-threatening, emphasizing participation, and not competition.

The research evidence suggest that there is a need to empower marginalized youth, provide good leadership, establish parental support, provide increased government support, develop partnerships, create youth centres, reform current programming initiatives to reflect the needs of youth in an at-risk context, and continue research are some of the primary concerns. The need to approach youth in an at-risk context issues holistically was also a pervasive attitude. Physical activity and recreation can provide both prevention and intervention functions.



## OPSOMMING

Die positiewe verhouding tussen liggaamlike aktiwiteit en ontspanning en 'n afname in risikofaktore vir die jeug het 'n omvangryke geskiedenis. Die definisie van jeugdiges binne 'n risiko-konteks het oor die jare heen ontwikkel en kan gekonseptualiseer word op 'n kontinuum wat van laerisiko- tot chroniese afwyking strek. Daar is baie faktore wat die jeug vatbaar maak vir risiko ten opsigte van gedrag. Hierdie predisponerende faktore sluit veranderlikes in wat verband hou met die individu (self), die gesin, die portuurgroep, die skool en die gemeenskap.

In die huidige situasie in Namibië is daar aanduidings dat daar rede vir kommer is wat betref jeugdiges binne 'n risiko-konteks, en dat pogings om risikofaktore vir die jeug te minimaliseer baie voordeel inhou, op persoonlike sowel as sosiale vlak. Dit blyk dat strategieë wat liggaamlike aktiwiteit en deelname in ontspanningsbedrywighede insluit, veel kan bydra om risikofaktore vir die jeug te minimaliseer. Liggaamlike aktiwiteit en deelname aan ontspanningsbedrywighede kan bydra tot die bevordering van die geestes- en liggaamlike gesondheid, gesinsinteraksie, invloed van die portuurgroep, akademiese prestasie, gemeenskapsontwikkeling, asook ander vorme van lewenstylgedrag van jongmense. Die dokumentasie oor die geweldige potensiaal wat liggaamlike aktiwiteit en ontspanningsprogramme het om die jeug op 'n positiewe wyse te beïnvloed, mag nie misken word nie.

Die 305 deelnemers aan die ondersoek, en die 35 deelnemers van die Liggaamlik-aktiewe Groep (Engels: *Physically Active Youth Group* oftewel *PAY Group*) het waardevolle insette tot hierdie navorsing gemaak. Elke deelnemer het 'n unieke insig bygedra.

Namate daar met die navorsing gevorder is, het dit toenemend duidelik geword dat daar 'n ongelooflike potensiaal bestaan vir inisiatiewe vir liggaamlike aktiwiteite om 'n positiewe uitwerking te hê op jeugdiges binne 'n risiko-konteks. Liggaamlike aktiwiteit kan jeugdiges binne 'n risiko-konteks help deur hul gevoel van eiewaarde te verhoog, positiewe rolmodelle te verskaf, vir hulle spanwerk en sosiale vaardighede aan te leer, hul selfvertroue te bevorder, hulle te laat voel dat hulle êrens behoort, risikofaktore vir siekte te verminder, hulle iets opbouends te gee om hulle mee besig te hou, 'n manier te bied waarop hulle van stres ontslae kan raak, positiewe sedes en waardes te leer, kognitiewe, leierskaps- en



leuensvaardighede te leer, 'n gemeenskapsbewustheid te kweek, gesinsondersteuning te bevorder, en ook hulle algemene welstand te bevorder.

Aan die einde van die PAY-projek het al die leerders 'n merkwaardige verhoging in hul fiksheidsvlakke getoon, en was hulle houding baie meer positief. Die program het 'n slaagsyfer van 91% gehad. Daar is tans baie organisasies wat programme of dienste aanbied wat direk óf indirek 'n invloed het op jeugdiges binne 'n risiko-konteks. Daar was eenstemmigheid dat hierdie poging op regeringsbeleid moet kan steun wat tot beter koördinerende van sodanige programme sal lei. In suksesvolle programme moet jeugdiges aan die voorpunt van die inisiatiewe wees. Programme behoort soepel en aanpasbaar te wees, hulle moet óf bekostigbaar óf gratis wees, en daar moet sterk leierskap en gemeenskapsondersteuning wees. Programme wat op jeugdiges binne 'n risiko-konteks gerig is moet deelnemers nie bedreig laat voel nie, en behoort deelname eerder as wedywing te beklemtoon.

Die navorsing het bewys dat daar 'n behoefte is om gemarginaliseerde jeugdiges te bemagtig, om goeie leierskap daar te stel, om ouerondersteuning te vestig, om verhoogde regeringsondersteuning te verskaf, om vennootskappe te ontwikkel, om jeugsentrums te skep, om huidige programinisiatiewe te omskep sodat hulle die behoeftes van jeugdiges binne 'n risiko-konteks weerspieël, en om met navorsing voort te gaan. Hierdie is sommige van die primêre sake wat aandag vereis. 'n Houding wat deurgaans voorgekom het, was die noodsaaklikheid daarvan om kwessies rakende jeugdiges binne 'n risiko-konteks holisties te benader. Liggamlike aktiwiteit en ontspanning ' kan beide voorkomings- en intervensiefunksies bied.

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## CHAPTER ONE

# CONTEXTUALISATION OF THE STUDY

There once was a community settled on the side of a mountain. It was a peaceful and prosperous community but ... it had one big problem. The children's playground was on the edge of the cliff and all too often, one of the children was badly hurt by falling through the cracks and over the side of the mountain. Consequently, the community leaders got together and decided to do something about it. They responded to the problem by building a hospital at the bottom of the mountain. This meant when a child fell they would be treated promptly and efficiently. The community leaders also ensured the availability of a full contingency of workers to help the children deal with the trauma of having fallen off the mountain and to support them until they were ready to go back to school. The leaders patted themselves on the back for solving the problem. Unfortunately ... it did not prevent children from continuing to fall off the mountain (Adapted from the Determinants of Health Teaching Kit: Premier's Council on Health, Well-being and Social Justice, 1994:2-3).

One of the most enduring responsibilities of any government surely must be to find ways to prevent children from "falling off mountains". One critical element in fulfilling this responsibility is on the level of policy-making. Policies must be consciously formulated to ensure the health and well being of children. Children are vulnerable to many stressful social and personal problems that can harm them and reduce the quality of their lives. Adolescence is the pivotal period between childhood and adulthood when youth need to acquire the attitudes, competencies, values, and social skills that will carry them forward to successful adulthood. Not only must parents, families and communities help, but also governmental institutions such as schools, must take an active part in supporting the positive development of children and youth.

A number of social forces have changed both the landscape of family and community life and the expectations for young people. A combination of factors has weakened the informal community support once available to young people: high rates of family mobility; greater anonymity in neighbourhoods; extensive media exposure to themes of violence and heavy use and abuse of drugs and alcohol; and the deterioration and disorganization of neighbourhoods and schools as a result of crime, drugs, and poverty. At the same time, today's world has become increasingly



complex, technical and multicultural, placing new and challenging demands on young people in terms of education, training and the social and emotional skills needed to function in a highly competitive environment (National Research Council and Institute of Medicine, 2002).

Articles 28, 29 and 30 of the Convention on the Rights of the Child (United Nations, 1989) state that education should ensure that the child not only gains formal knowledge and skills, but also develops in a harmonious way at the spiritual, moral, social and physical levels. The provisions of these articles also include children's right to be children, to protection from child labour, to play and recreation compatible with the child's age, to rest and to enjoy leisure, as well as to participate freely in cultural life and arts. Namibia signed the above Convention at the World Summit for Children in New York in September 1990, thereby entering into a pact with its children. In terms of Article 144 of the Namibian Constitution, international agreements binding on Namibia shall form part of its laws. As such, the country pledged to ensure the survival, development, protection and participation of its youngest and most vulnerable members. It recognised that Namibia's future was inextricably linked to its children and that the creation of a better life for them would be the measure of achievement (UNICEF, 1995).

Education is one of the most important factors affecting the development of youth. The role of education in the transmission of knowledge through formal and informal channels is recognised in Article 28 of the UNICEF's convention of children's rights (of which Namibia is a signatory). It recognises the right of the child to education on the basis of equal opportunity. It urges compulsory free primary education, the accessibility of secondary education to all children and the introduction of free education and the offering of financial assistance to support the schooling of the needy. It urges governments to encourage regular school attendance and to prevent dropping out. By making it a right, the convention recognises that education not only incorporates an important and valuable potential but also represents an important participatory process for youth (Klasen, 1999).

Namibia faces many challenges in its development as a democratic society. Namibian youth are an integral part the social changes that have accompanied the transition from colonialism to post-colonialism. They can be seen as agents of this



transition from authoritarianism to democracy and from a racially divided society to a more integrated nation (Mufune, 2002). Reconstructing education from what it has been to a system that brings equity in educational opportunities for all children, is but one of the urgent challenges facing the Namibian government.

## **Background Information**

After a century of colonial rule, independent Namibia inherited a profoundly dualistic economy. The white minority (5% of the population) controlled 72% of the Gross Domestic Product (World Bank, 1992). Unfortunately, this consciously created dualism is affecting Namibian society 13 years after independence, not only in terms of differentiated incomes and living standards, but also in terms of access to and quality of health, education and other services. The average black household in Namibia faces extraordinary economic constraints that make it almost impossible to create an environment conducive to health and well-being of children, unless the government or some other outside agency is able to assist.

Improving the current situation in Namibia will include tackling several inter-related issues pertaining to the youth and education (UNICEF, 1995).

- Namibia has a young population with 69.5% of the total population of 1.8million people under the age of 30 years. Around 50.3% of the total population are under the age of 19. There are 202 298 youth between the ages of 15-19, with approximately 72.4% of these youth live in rural areas (National Planning Commission, 2001).
- The reality of the Namibian situation is that 15% of Namibians have received no formal education and that 54% never went beyond primary education. The school enrolment rate for both sexes between the ages of 15 and 19 years is 72%, and for those between 20 and 24 years 25%. The retention rate for secondary schools is, however, only 19. 5% for boys and 13. 7% for girls. During 1998, 22 577 students wrote the Grade 10 examinations and only 1 094 (4.8 %) gained sufficient points to gain admission to Grade 11 (NDP 2- Volume 1: Draft National Development Plan, 2000). During the 2002 Grade 10 examinations, schools in Khomasdal and Katutura, (two low-income suburbs in the Windhoek educational



region), 2001 learners sat for the examination, whilst only 862 learners (45.2%) were promoted to Grade 11, resulting in 1139 (56.9%) not gaining sufficient points to proceed to Grade 11.

However, results in "formally white" schools in the same educational region painted a different picture. A total of 1139 learners sat for the same examination, only 44 learners (3.9% did not gain sufficient points to proceed to Grade 11), whilst 1095 learners (96.1%) were promoted to Grade 11 (Ministry of Basic Education, Sport and Culture, 2003).

Education and unemployment have always been inter-related and Namibia has experienced an alarming increase in youth unemployment over the past few years. The combined unemployment rate for youth is estimated at 60% to 70%. Taking into account that formal employment has grown at least by 2.3% per year, only 4 000 new jobs are created annually for the nearly 20 000 new entrants to the job market. Youth unemployment deprives young people of the opportunity to participate fully in society, and threatens the economic and social fabric of the nation. Unemployment of youth should serve as a serious warning for the rest of the Namibian society. Violence, crime and substance abuse are related to youth unemployment (NDP 2-Volume 1: Draft National Development Plan, 2000). Poverty and social exclusion are serious problems for Namibians in general and Namibian youth in particular. They are the last to be hired and the first to be fired in employment, especially if they do not have the required skills (Mufune, 2002).

Many of the social issues such as high rates of family mobility, heavy use and abuse of drugs and alcohol, crime etc. are directly related to poverty. As in most post-colonial societies, poverty is a reflection of the power relationships that have disadvantaged particular groups in a society. Even when these power relationships change in terms of the legal and political system, the process of changing the economic realities of daily living for the poorest of poor takes a very long time to rectify. Poverty and poor educational opportunities often reinforce one another. For example, living under conditions of poverty may often lead to certain learning difficulties. Learning needs may be neglected, which ultimately results in lower levels of qualification for work, thus promoting more poverty in a negative cycle of cause and effect (Donald, Lazarus & Lolwana, 2002). It is important to begin to turn the



negative cycle into a positive one. Interventions need to be considered at all levels of the educational system, from the individual student, through to the classroom, to the whole-school development, to school-community collaboration, and ultimately to the wider issues of social transformation.

At Namibia's independence in 1990, there was no institution identified specifically to address the well-being of the youth. The Ministry of Youth and Sport was established in 1991 with the responsibility to coordinate and facilitate all youth activities with relevant line ministries and NGO's. The National Youth Council was established in 1994 to increase the participation of youth in National development. In 2000, following the abolishment of the Ministry of Youth and Sport, the Directorate of Youth Development was integrated into the Ministry of Higher Education, Training and Employment Creation, to reflect the importance of the issue and strengthen the need for cross cutting approach to youth development. The Ministry of Women's Affairs and Child Welfare also was established to look after the welfare of women and vulnerable youth.

During 1999, the Presidential Commission on Education, Culture and Training, established by His Excellency, the President of the Republic of Namibia, focused on the identification of areas in which the problems of Namibian society could be addressed through education. One of its recommendations was that physical education should be taught in all schools in accordance with the curriculum (Presidential Commission on Education, Culture and Training, 1999). School principals, teachers and inspectors were to ensure that the recommendations were fully implemented. However, the Commission found that although the subject is part of the school curriculum and a compulsory subject in all Namibian schools, the time allocated to it is usually used for teaching other academic subjects or is used as a free period.

The benefits of participation in physical activity are well-documented. Studies have found that active participation in physical activity can increase adolescents' self-esteem and reduce anxiety and stress (U.S. Department of Health and Human Services, Physical Activity and Health, 1996). Research also has shown that students who participate in interscholastic sports are less likely to be regular to heavy smokers or to use drugs, and are more likely to stay in school, display good conduct and



display high academic achievement (Escobedo, Marcus, Holtzman & Giovino, 1993). Sports and physical activity programs have demonstrated the potential to introduce young people to skills such as teamwork, self-discipline, sportsmanship, leadership, and effective socialisation. Lack of participation in recreational activities, on the other hand, may contribute young people's vulnerability to gangs, drugs, or violence (Zill, Nord & Loomis, 1995).

Health is a necessary condition for personal development and National development. HIV/AIDS, STI's, teenage pregnancies, alcohol and substance abuse and debilitating illnesses such as malaria, prevent the youth from fulfilling their personal development and therefore their potential to contribute to national development (National Planning Commission, 2000). Physical activity has been associated with a decreased risk in coronary heart disease, diabetes, obesity, hypertension, and osteoporosis. A physical active life can increase life expectancy and lower the risk of mortality from all causes (Blair & McCloy, 1993).

Because inactive children tend to become even less active with age (Schlickter, Bora & Regan, 1994), researchers have argued that the development of positive exercise behaviour habits during childhood is an important step in promoting better health in adults (Blair & Meredith, 1994). Children should be taught about the health benefits and principles of health-related physical fitness in physical education programs. Petray (1994) stated that physical education programs should include cognitive objectives that emphasize students' appreciation of health and physical activity. A major goal of the health-related physical fitness component of the physical education curriculum is to provide students with knowledge, positive attitudes and skills that will allow them to develop healthy lifetime habits.

Participation in physical activity and recreation appear particularly promising in modifying risk factors. Research has found positive benefits related to psychological health, physical health, familial interactions, peer influence, academic performance, community development and other lifestyle behaviours (Parks and Recreation Ontario, 1999). Participation can also cultivate protective factors. Protective factors help children develop individual resiliency, making them less likely to participate in at-risk activities. Resiliency can be developed by creating opportunities for all children to be successful, by helping them learn to set realistic



and manageable goals, by supporting their efforts to solve problems and by reducing negative stress by creating a trusting atmosphere in which to learn (Mohnsen, 1997).

## **Statement of the Problem**

The problems confronting youth in Namibia today can be perceived to be overwhelming. They are facing staggering issues, such as fear of dropping out of school, low self-esteem, crime and delinquent behaviour, poverty, violence and high-risk sexual behaviour that increases the odds of contracting HIV/AIDS (Mufune, 2002).

If the youth are to be helped, then there must be programmes to help them. But what kinds of programmes would assist Namibian Youth? Such programmes would need to address selected risk factors. This study is focused on exploring the potential of a physical activity programme to address selected risk factors, and gathering specific information about the risk factors that impact on Namibian youth.

## **Aims of the Research**

There were two aims of this study. The first aim was to gain practical insight about the implementation of a physical activity programme for Namibian youth in an at-risk context. The second aim was to gather descriptive data from Namibian youth about a number of personal and community issues, with special emphasis on those issues related to the creation of an "at-risk" environment. It is the investigator's belief that effective policies and programmes for Namibia can be formulated only after sufficient information specifically about Namibia, has been gathered and analysed. This study is an effort to contribute to Namibia-specific knowledge base on which to base future policies regarding the development of Namibian youth in an at-risk context.

## **Research Questions**

The following specific research questions will serve to organise the data gathered during the course of this study, and will be answered in Chapter Five.

1. What are the outcomes of a physical activity programme on the health-related fitness of youth in an at-risk context in Namibia?



2. What are the outcomes of participation in a physical activity programme on the academic performance of youth in an at-risk context in Namibia?
3. What is the current situation concerning the general lifestyle of youth in an at-risk context in Namibia, in relation to:
  - Living arrangements and curfews?
  - Neighbourhood?
  - Safety and contact with the police?
  - General health and sleeping habits?
  - Nutrition and perceptions about weight?
4. What is the current situation concerning Namibian youth in an at-risk context, in relation to the following specific risk-related issues:
  - Substance abuse?
  - Sexuality and HIV/AIDS?
  - Self-esteem and suicide?
  - Fitness and recreation/Physical activity?
  - Economical and educational realities?
  - Community service?

## **Significance of the Research**

The significance of this research will be in its contribution of practical knowledge about the implementation of programmes in Namibia, and in the information it is able to gather about Namibian youth that will assist policy-making agencies and government responsible for youth developmental issues with general information about the needs of youth in at-risk contexts. The results of this study will contribute to the body of knowledge surrounding policy development as well as programme development and implementation in physical activity, physical education, recreation and health, that may be effective within the situation in Namibia.



## Methodology

The participants in this study were youth living in an at-risk context (Katutura and Khomasdal) in Namibia (N= 305). For the purpose of data collection, it was decided to use a quantitative approach. The Publication Manual of the American Psychological Association (American Psychological Association, 2001) was used as the reference for the technical preparation of this dissertation.

A physical activity programme was presented as an intervention for a small group of participants (n=35) to answer research questions one and two. The American Association for Health Physical Education, Recreation and Dance (AAHPERD, 1989) Youth Fitness Test protocol was used at selected intervals to assess changes in their fitness over a period of one year. Participants in this intervention programme had been identified by their teachers as being at-risk of not making their Grade at the end of the year, and in all likelihood not being promoted to Grade 11. They were also identified as being physically inactive. The academic achievements of this group were also tracked during the course of the intervention programme to ascertain if there were any changes.

Thomas and Nelson (2001) recommended the use of a structured questionnaire to gather information about lifestyle and issues related to at-risk behaviours. A total of 305 Namibian youth completed these questionnaires, which provided the data to answer the last two research questions. The questionnaire administered in this study was adapted from several international questionnaires with similar purposes, and was edited for clarity of expression by some of the teachers involved with the youth (See Appendix E).

## Clarification of Terms

The following definitions are associated with the terminology used in this study.

### Youth

In general, the interval between childhood and adulthood is called youth. But what this period actually comprises changes from one society to another, depending



on the variety of roles, attendant circumstances, social change and the complexity of the society under scrutiny. For instance, in the 20<sup>th</sup> century many countries passed laws mandating compulsory education until the age of 16, though many adolescents remain in school beyond that age. Also, sexual maturity and adult economic responsibility do not occur simultaneously. This extends the period of youth, as do increased demands for a highly skilled labour force (Mufune, 2002).

Experts suggest that a consistent definition of youth should not fix age limits (Hurrelman, 1989). It is a phase of life, characterised by particular experiences reflecting societal culture and the context for personal growth. Namibia's legislation has pragmatically opted for an age-based definition of youth in order to implement its programmes related to income generation and vocational training. Namibian youth are defined as those between 15 and 30 years of age (Mufune, 2002).

## **Youth in an At-risk Context**

Youth in an at-risk context can best be described as a continuum ranging from low risk to chronic deviance. In Figure 1, youth at-risk can be represented in a "funnel" format that shows that a relatively large number of youth are at-risk, fewer of these individuals engage in deviant behaviour, and a proportion of those who engage in deviant behaviour, become labelled as deviant (McKay, 1994).

### **Category 1: Youth at-risk.**

The first stage of the continuum includes all youth impacted by one or more risk factors. As youth are exposed to more risk factors, they gravitate towards the second stage of the continuum, deviant behaviour.

#### **Stage 1: At-Risk**

A number of factors may predispose youth to be considered at-risk. These variables centre around socio-economic factors, environmental conditions, peer association, family interaction, and behavioural problems. Some of these factors include living in a high-crime or low-income area, single parent or dysfunctional families, and lack of a responsible positive adult role model (Pizor, 1992).



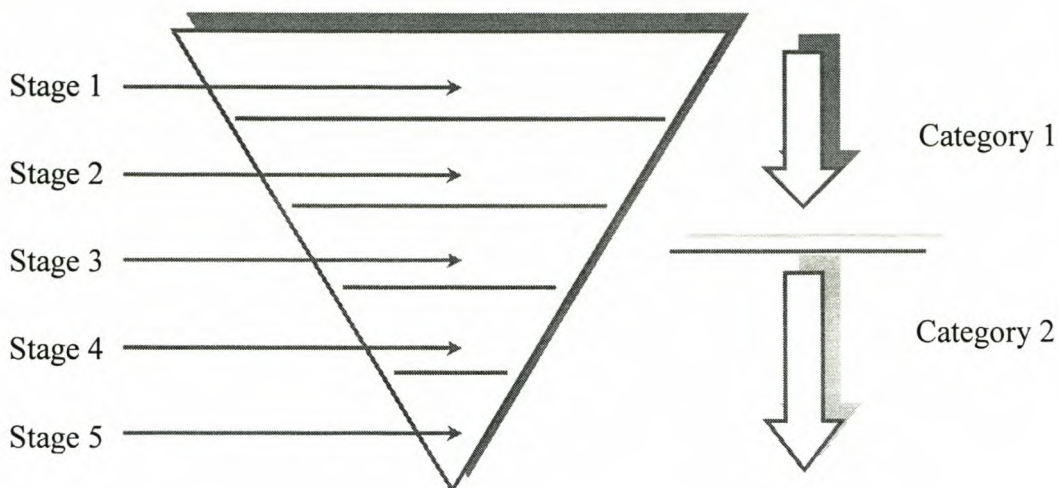


Figure 1

Youth-At-Risk Continuum (Adapted from McKay, 1994)

### Stage 2: Deviant behaviour

Youth in an at-risk context advance along the continuum when they engage in, or exhibit, deviant behaviour such as substance abuse, promiscuity, dropping out of school, running away from home, gang involvement, unlawful activity and depression. These behaviours are considered the next level of risk factors - one step beyond the predisposing factors that were present in the at-risk stage. Deviant behaviours are those actions that conflict with society's norms (Hirschi, 1969). At this stage on the continuum, the individuals have not yet been identified by a social agency (i.e. education system, justice system, health and community services). These youth have not yet been labelled as deviant, and intervention efforts to address their deviant behaviour have not been initiated.

### Category 2: Deviance

Deviance is behaviour that will result in corrective actions by agents of the larger society, if it is detected (Hirschi, 1969). Once identified, individuals who commit deviant behaviours (Stage 2 on the continuum), enter the deviance category. The person in need of supervision (PINS) is the earliest stage of this category. It presents a



stage beyond deviant behaviour since it is the point of entry into the established social system when the behaviour becomes subject to intervention measures. Deviance is divided into three stages reflecting the seriousness of the behaviours exhibited by youth.

### **Stage 3: Persons in Need of Supervision (PINS)**

PINS are youth who enter the established social system as a result of complaints by parents, health or school authorities, or through arrests for less serious crimes. This identification is based on the detection of one behaviour risk factor, whether it be conduct problems at home or in school, running away from home, depression, chronic truancy, vandalism, or shoplifting.

### **Stage 4: Deviants**

Deviants are youth who exhibits multiple behaviour risk factors. Because their problems are compounded, intervention efforts must be forthcoming from multiple agencies.

### **Stage 5: Chronic Deviants**

Chronic deviants are those individuals who not only exhibit multiple risk factors, but the frequency and seriousness of the behaviours have escalated. Youth at this point on the continuum have demonstrated combinations of the following risk factors: serious criminal activity, suicide attempts, alcohol/drug addiction, school drop-out, homelessness, gang involvement, and unsafe sexual activity (prostitution/Acquired Immunodeficiency Syndrome (AIDS)). In the justice system, these adolescents have been referred to as "hard core" delinquents or "no-hopers" by some officials (Pizor, 1992).

## **Youth Development Programmes**

All young people have basic needs that are critical to survival and healthy development. They include a sense of safety and structure; belonging and membership; self-worth and an ability to contribute; independence and control over one's life; closeness and several good relationships; and competency and mastery. At the same time to succeed as adults, all youth must acquire positive attitudes and



appropriate behaviours and skills in five areas: health; personal/social; knowledge, reasoning and creativity; vocation; and citizenship (Politz, 1996). Youth development programmes are formal efforts to meet these basic needs through coordinated, progressive series of activities and experiences which help young people become socially, morally, emotionally, physically and cognitively competent (National Collaboration for Youth Members, 1998).

## **Physical Activity/Recreation**

Physical activity comprises any body movement produced by the skeletal muscles that results in a substantial increase over the resting energy expenditure (Bouchard, Shephard & Stephens, 1993). On the other hand, recreation is defined as being all those things that a person or group chooses to do in order to make their leisure time more enjoyable, and more personally satisfying (Fitness Canada, 1987).

## **Health**

A human condition with physical, social, and psychological dimensions, each characterised on a continuum with positive and negative poles; positive health is associated with capacity to enjoy life and to withstand challenges; negative health is associated with morbidity and premature mortality (Quinney, Gauvin & Wall, 1994).

## **Fitness**

Fitness is defined as the ability to perform work satisfactorily. It is the general capacity to adopt and respond favourably to physical effort. Individuals are physically fit when they can meet the ordinary as well as the unusual demands of daily life safely and effectively without being overly fatigued, and still have energy left for leisure and recreational activities (Hoeger & Hoeger, 1995).

## **Poverty**

Absolute poverty is the inability to attain a minimum standard of living (Bernstein, 1992). People are in poverty if they are continuously struggling to preserve themselves and their dependants from physical want. Townsend (1993) noted that this concept of poverty rests on the idea of subsistence and/or basic needs.



However, the notion of subsistence in defining poverty has come under criticism. It elevates physical needs at the expense of social needs. The concept of absolute poverty assumes that there are minimum basic needs for all people regardless of the occupational structure and the distribution of leisure pursuits in a given society.

The concept of relative poverty is a reaction to criticisms voiced against the definition of poverty in absolute terms. Poverty is considered relative in terms of "judgements by members of a particular society of what is considered a reasonable and acceptable standard of living and style of life according to the conventions of the day" (Haralambos, 1985:142). "The notion of relative poverty thus relates to inequality, distributive justice and power relations" (Ramprakash, 1991:49). It is usually measured as a particular fractile of income.

## **Limitations of the Research**

The following limitations must be considered when examining the results of this study:

### **3. Possible oversimplification of the situation.**

Namibian youth and their families are facing many changes in social, emotional, economic and political aspects of daily life. These pressures have manifested many interrelated problems, for example, family disintegration and violence, substance abuse, poverty, school drop out, unemployment, teen suicide, HIV/AIDS, etc. Given the interdependency of these social problems, it is difficult to examine one in isolation from the others. It is equally difficult to initiate action to intervene on one specific issue such as physical activity.

### **2. First-world bias in the literature.**

The review of literature is primarily based on research and programmes from first world countries. Very little literature from Africa, and in particular Namibia, was found.



3. Restrictions on time and funding for the project.

A limited amount of time and funding was available to support this research, which means that this study provides only a glimpse of the total picture that face youth in Namibia.

4. Bias in the selection of subjects who participated in the programme.

Because participants in the project were recommended by teachers at their school, there may have been bias in the selection of the group. This means that the results should be carefully considered and might not be generalisable to the whole population of Namibian youth.

5. Validity and reliability of the questionnaire.

There is always the possibility that some of the participants may have been inhibited when sharing information about some of the sensitive issues included in the questionnaire. Although the face validity of the measurement instrument was established and the reliability of the questionnaire was determined, it must be acknowledged that participants are not always candid when responding to these types of questions.

## **Conclusion**

The benefits of participation in physical activity for youth described as at-risk, have been documented. Participants in activity programmes have achieved increased physical fitness, better self-esteem, a feeling of belonging, etc. Children who are regularly active have been found to be less susceptible to risk factors such as negative stress. It has been found that they perform as well or better academically, exhibit positive attitudes about school and themselves, are less aggressive and play better with their peers, than inactive children (Parks and Recreation Ontario, 1999). With such evidence it only makes sense that physical activity programmes would be an integral feature in any policy addressing youth development. That is not, as yet, the case in Namibia.

Despite statements of support for sport and physical activity in government documents issued by the Namibian government, there is still a need to develop and



implement policies that ensure the opportunity for youth to gain access to the benefits of physical activity. In the past in Namibia, many groups have been excluded from sport and fitness activities, especially those persons from economically disadvantaged communities. Due to the integrated nature of at-risk contexts, an interdisciplinary, holistic approach involving the whole community and multiple agencies is required. Strategies to promote physical activity and sports participation among youth will have to be part of a national policy, and that policy will require the commitment of resources from government, local authorities, non-governmental organisations and the private sector, as well as close collaboration among health, education, and youth-serving organisations.



## **CHAPTER TWO**

# **REVIEW OF RELATED LITERATURE**

The purpose of a literature review is to provide a set of explanatory concepts that are essential in defining the research problem (Silverman, 1993). According to Merriam (1988), the findings of a research project are best interpreted in the light of what was previously known about the topic. This chapter has been formulated into four major sections in order to develop an understanding of the concepts that will be needed to interpret the results of this study.

1. The first section lays a foundation for understanding the concept of "at-risk", including factors that contribute to the development of at-risk behaviours.
2. The second section deals with education.
3. The third section presents some specific facts about the current situation pertaining to youth in an at-risk context in Namibia.
4. The fourth section describes previous research regarding effective physical activity programmes in at-risk context.

### **Facing the At-Risk Puzzle**

According to McKeon and Pandina (1982), the recognition that many of the problems associated with at-risk youth are multifaceted lifestyle problems has led to the adoption of a "risk factor" approach to thinking about the at-risk behaviours. This approach has been followed in the epidemiology of cardiovascular disease. The epidemiological approach focuses on defining risk factors, then determining approaches to alter those factors in a positive way. They have applied this approach by examining patterns of behaviour associated with problems such as substance abuse and delinquency in order to determine predictable patterns that point to certain risk factors. The identification of risk factors helps determine the "pieces of the puzzle" that together create an at-risk context. If these "pieces" can be identified, it may be possible to formulate policies and then implement programmes to modify or even eliminate the impact of the factor on the situation.



Descriptive research has identified a number of "behavioural deficits" that often characterise youth described as "at-risk." This descriptive approach provides additional insight into the self-sustaining aspect of at-risk puzzle. The deficits have been identified as:

- **A lack of life skills**

As far back as 1976, the Texas Youth Council studied youth offenders and found that incarcerated youth had lower levels of physical skills (fitness), cognitive skills, and emotional skills (interpersonal skills) than youth in community diversion programmes (Texas Youth Council, 1976). They concluded that youth in an at-risk context lacked basic observation, goal setting, and planning skills to deal with their world. In many respects their world was one of disarray to which they reacted, rather than being proactive.

- **A lack of values**

The values that consistently appear to be lacking are respect, responsibility, and self-discipline. We can see this in the lack of behaviours representative of those values (Texas Youth Council, 1976).

- **A lack of citizenship**

A lack of sense of community of obligation to the community exists (Texas Youth Council, 1976).

- **A lack of healthy lifestyle**

Perry (1985) and Jessor (1989) noted that a healthy lifestyle revolves around four components: physical health, psychological health, social health (social effectiveness), and personal health (individual potential). They found that the components tend to be clustered for each individual, producing either a positive situation (health-enhancing in all four areas) or a negative situation (health-compromising in all four areas). Both authors found that most at-risk youth have a lifestyle that could be described as health-compromising. They identified the following characteristics as contributing factors to a negative lifestyle (Jessor, 1989; Perry, 1985):



An inability to delay gratification.

A pursuit of expediency.

Self-indulgence.

Passive observation of the environment.

Irresponsibility.

Avoidance of challenge or discomfort.

Lack of self-esteem and self-confidence.

Determining the factors that contribute to the development of at-risk contexts and identifying the characteristics associated with at-risk behaviours, is an important step in coming to terms with the complexity of the problem. There has been some specific research completed that will assist in providing more detail for certain "pieces of the puzzle."

## **Youth in an At-Risk Context - Who are They?**

The concept of being at-risk refers to an individual's exposure to specific factors that increase his/her likelihood of experiencing negative consequences (Finn & Rock, 1997). For example, individuals are considered to be at-risk if they live in poverty (socio-economic factors may contribute to at-risk behaviours). However, many risk factors cut across all social classes and ethnic groups, and any person may be or become "at-risk" (Barr & Parrett, 1995).

Landy and Kwan Tam (1998) looked specifically at youth, and identified a collection of factors that could have a negative impact on the transition from childhood to adulthood. They concluded that the more risk factors a young person experiences, the greater the potential impact on a young person's development. The presence of one risk factor may be accompanied by other factors that can trigger involvement in risk-taking behaviours. For instance, school attendance is a factor that not only affects academic performance, but also is related to anti-social and criminal behaviour.

Parks and Recreation Ontario (1999) stated their position defining "at-risk youth" in their policy position, where they also stated their commitment to provide effective youth programmes:

- Youth in an at-risk context are not just a bunch of kids in trouble.



- All youth face some sort of risk – some more than others because of their socio-economic status, environment, friends, family situation, behavioural problems, and physical or mental health.
- At one end of the continuum is a large group of youth facing low levels of risk. At the other extreme, a small group is involved in chronic anti-social behaviour, serious drug abuse, risky sexual behaviour, or even suicide. In between are risk situations ranging from lesser to greater degrees of risk.
- Efforts are needed at all stages to lower the risk environment and to prevent youth from moving along the continuum to situations of greater risk.

Although individuals may be considered at-risk because of their environment, they may exhibit positive behaviours that help them cope with the situation. Thus, emphasis on the development of positive coping skills may be a way to increase young people's resilience to an at-risk environment (Finn & Rock, 1997).

### **Factors that Put Youth At-Risk**

The factors that put youth at-risk have been placed into categories including characteristics of the individual, the family, the community and peers as well as a variety of socio-economic factors (Sprott & Doob, 1998). These categories can be looked at separately, for example, some researchers regard family characteristics such as parenting and family interaction are the most significant elements in determining a young person's susceptibility to the other categories of risk factors (Barr & Parrett, 1995).

Mohnsen (1997) stated that the greater the number of risk factors present within youths' lives, the greater likelihood that they will engage in risk-producing behaviours. He identified the following five groups of factors that he found increased the likelihood that youth would develop at-risk behaviours:

1. Individual factors, such as boredom and an unhealthy lifestyle.
2. Family factors, such as family management problems (lack of clear expectations of children's behaviour, lack of monitoring, inconsistent or excessively severe discipline, lack of caring), the use of alcohol, tobacco or other drugs by parents and the parents' positive attitude towards substance abuse.



3. Peer factors, such as early antisocial behaviour, alienation, rebelliousness and a greater dependence on peers for acceptance, rather than on parents.
4. School factors, such as a lack of clear school policy regarding the use of alcohol, tobacco and other drugs, academic failure, lack in school activities or school transitions.
5. Community factors, including economic and social deprivation, low neighbourhood attachment and high community disorganization, and availability of alcohol, tobacco and other drugs.

## **Poverty as a Recurring Theme**

Poverty has consistently been shown to be associated with many negative outcomes for children and youth, including lower educational attainment and problem within the family structure (McLanahan & Sandefur, 1994). Poverty brings a variety of stressors to a family, and those stressors, both directly and indirectly, can influence the self-esteem of all family members (McLoyd, 1990). Wilson and Portes (1975) found that self-esteem was related to both educational attainment and success in the work force.

Given the reality of the relationship between financial difficulty and at-risk behaviours, another factor that should not be overlooked is the increasing number of single parent families. Single parent families are at the highest risk of poverty. Many single parents, and especially single mothers, are unable to work, and those who do work are more likely to be in low paying positions (Statistics Canada, 1998). Simply stated, poverty can affect parenting. These are best understood as direct and indirect effects.

- **Direct effects**

Wilson and Ramphela (1989) found that poverty brings inadequate facilities and resources, usually including inadequate and overcrowded housing as well as poor water supply, sanitation and hygiene facilities. Together with this, food resources are often insufficient or nutritionally unbalanced. It is difficult for parents to maintain healthy children under such conditions.



- **Indirect effects**

Indirect effects do not operate in every situation, and may be modified by other factors. Some of the recurring effects often associated with poverty are (Donald et al., 1997):

Large families.

Single or unmarried motherhood.

Teenage motherhood.

Unemployment, or parents who have to work long hours away from home.

Socio-economic factors such as poverty have long been identified as a major cause for school failure and behavioural problems (Pungello, 1996; Ryan & Adams, 1998). Poverty has been related to depression, substance abuse and problems of violence (Duncan, 1998), all of which are counterproductive to positive achievement in the school setting. The contribution of poverty to creating at-risk contexts make it apparent that broad government policies are needed that will address socio-economic problems in addition to looking specifically at other factors that contribute to at-risk behaviours among youth. The following sections will provide more details about some of these factors and their relationship to poverty.

## **The Family**

The socio-economic situation of the family and family instability has been linked to potential negative outcomes such as antisocial and aggressive behaviours. According to Statistics Canada (1998), the socio-economic status of a family continues to be one of the most significant factors in determining a child's behavioural difficulties and problems. This report found that parents who experienced financial difficulties tended to be more stressed, less patient, and more likely to suffer from psychological instability. It was also found that psychosomatic problems and alcoholism are more prevalent among disadvantaged families. Although this kind of data is not available for Namibia, there is substantial poverty, and given the high level of stress that exists within such environments, youth may be more likely to develop low self-esteem and depression, be more prone to boredom and aggression, and have more difficulty adjusting to the school environment than their counterparts living in secure socio-economic environments.



A family's socio-economic status is not entirely responsible for the development of at-risk behaviours (Statistics Canada, 1998). There are other family-related factors, such as low levels of parental supervision and involvement, poor and inconsistent parenting, negative parental characteristics (criminality and violence), and disruption of family life (parental absence, poor parental physical, emotional and mental health) (Garnier & Stein, 1998; Gorman-Smith & Avery, 1999; National Crime Prevention Council, 1995).

A history of maltreatment within the family has also been associated with adolescent risk behaviours. Child maltreatment refers to a variety of family violence issues and other types of maltreatment, including physical and sexual abuse, neglect, exposure to spousal abuse and other forms of family violence, and emotional abuse (Health Canada, 1998). Most forms of child maltreatment have long-lasting effects that can alter and hamper a young person's development (Health Canada, 1998). Studies suggest that maltreatment increases the likelihood that youth will develop risk-taking behaviours, including substance abuse, running away from home and engaging in criminal activities (Manion & Wilson, 1995).

Several studies have shown that a caring, supportive, and stable family is a key protective factor in the lives of children who have been able to rise above their circumstances. As we have seen, however, poverty may affect parenting in many direct and indirect ways. Although there are clear exceptions to this, the chances of a poor child growing up in a stable two-parent family in Southern Africa are considerably reduced (Burman & Reynolds, 1986). It is important therefore to point to other family characteristics, which have also been identified as protective:

- A healthy, caring relationship with at least one stable care-giver. This element has been found to be particularly important in infancy and early childhood (Werner & Smith, 1989).
- A family that encourages competence (for example school performance), and supports the child in developing skills and goals that are linked to the broader social setting, for example, becoming involved in youth groups, projects and other activities in the local community (Werner & Smith, 1989).
- A family that has a strong, coherent, and consistent set of values. These values are often in the form of a religious belief, or they may simply relate to a consistent set of expectations, rules and structure within the family (Werner & Smith, 1989).



Parenting styles are also an important factor to consider in the development of at-risk behaviours. It has been established that families that provide psychological support, also supply a strong set of values and conventional role models. Where parents have fostered and established strong relationships with their children, there tend to be lower rates of child criminal activity (Darling, 1999; Manion & Wilson, 1995). Good and consistent parenting practices are believed to be as important as the family's socio-economic status, since it has been demonstrated that they can offset some of the problems commonly associated with poorer economic conditions (Manion & Wilson, 1995). Children and youth who can establish strong bonds with their parents and have a good social support are more likely to overcome obstacles emerging from a disadvantaged environment.

Several studies have found significant correlations between parenting styles, parental involvement and school achievement. Children raised by authoritative parents usually perform better academically, and develop fewer academic and behavioural problems than their peers (Ertl, 2000; Steinberg, 1992). Young people who cannot develop strong bonds with their siblings, have been found to have more negative peer relationships than youth who have strong sibling bonds, and negative peer relationships place them at greater risk of school failure and also of getting involved with criminal behaviour (Ellenbogen & Chamberland, 1997).

## **Violence**

Youth violence is a broad topic that has been defined differently to different people (Bala, 1994). Hoff (1994) centred on the physical aspect of violence, stating that violence is the exertion of physical force and power over another with the intention of controlling, disempowering and/or injuring the other. Violent physical behaviour is commonly classified under major crime categories including assault, robbery, harassment, intimidation, extortion, homicide, and sexual offences (Bala, 1994).

Violence is both a high-risk behaviour and a characteristic of a high-risk context. The factors that contribute to the development of violence must be identified and addressed at both the level of policy and programme implementation. Recent studies in the field of crime prevention have indicated a number of key risk factors associated with violent behaviour including aggressiveness, peer influence, family environment and family violence, physical and sexual abuse and disorganised neighbourhoods (National Crime Prevention Council,



1995). A history of criminality in the family, for instance, was found to be a significant predictor of the potential development of adolescent criminal behaviour, even more than socio-economic factors (National Crime Prevention Council, 1995).

Access to a positive educational environment that promotes coping skills and that helps children understand how they can achieve and participate can contribute to a child's ability to recover from a stressful environment. School and community-based violence prevention programmes, for example, have had some success. This brings the review of literature to the point where possible approaches to reducing the impact of at-risk factors on youth be examined, and within the ambit of this research, the focus will be placed on the process of education and the school.

## **Education and Schools**

Werner and Smith (1992) reviewed long-term development studies that followed children born into extremely high-risk environments, such as poverty-stricken or war-torn communities, and families with alcoholism, drug abuse, physical and sexual abuse, and mental illness. They found that at least 50% - and often closer to 70% - of these children grow up to be not only successful by societal indicators, but also to be "confident, competent, and caring" persons. How do these children manage to withstand the stress of the at-risk contexts in which they find themselves? The school has been identified as one agency that can provide "turnaround experiences," and has been described by some at-risk youth as being like "a family", "a home", "a community", and even "a sanctuary" (Children's Express, 1993). Approaches to structuring education that provide opportunities for active student involvement, small group interaction, cooperative learning, peer mentoring, cross-age mentoring, and community service, have all been suggested as means to position the school to help reduce the impact of at-risk contexts.

This capacity to withstand stress has been defined as "resilience," and it is defined as the balance between the stresses and risks children are exposed to on the one hand, and the protective factors which might be operating for them on the other (Gamezy, 1991; Rutter, 1979). If schools could help youth develop the protective factors that contribute to resiliency, then they would truly be making a contribution to reducing at-risk behaviours. Rutter (1985) looked at a number of studies about resiliency, and found three main categories of protective factors:



- Personal or individual characteristics of a child.
- Characteristics of a child's family.
- Characteristics of the formal and informal social support networks into which a child might be connected.

The school can be considered to provide formal and informal support networks, and given the relationship found between academic achievement and criminal behaviour, school programmes must be viewed as a potential source of intervention (Finn & Rock, 1997).

In order to make a difference, school programmes may have to change. Fullan (1992) has set a tone for thinking about the process of educational change:

... the crux of change involves the development of meaning in relation to a new idea, programme, and reform of a set of activities. But it is individuals who have to develop new meaning, and these individuals are insignificant parts of a gigantic, loosely organized, complex, messy social system that contains myriad different subjective worlds (p. 26).

Donald et al., (1997) has highlighted several ways of trying to bring about such change in education:

- **A sense of ownership of education.** Parents, community members, as well as all educators and students, can grow to care about an educational process they feel to be their own. Among other things, this must involve strong school-community links.
- **Cultivate a culture of learning for all.** Strategies need to be implemented that will establish a flexible, relevant, and caring approach to learning for all students, whatever their background, ability, or circumstances.
- **Foster professionalism in teaching,** i.e. a sense of pride, competence, respect, and care in the profession of teaching.
- **Promote positive, caring, whole-person developmental goals.** This includes the goal of health promotion. The colonial past in Namibia has created the need to redress the social damage and developmental problems that our children and youth have inherited from the past, so whole-person development is even more important. Teachers need to become the key agents of promoting healthy development in the classroom, school, and community.



The goals and purpose of a school, shaped by national and regional policies, influence the particular way in which the school is structured and how it functions (Jordaan & Faasen, 1993; Lazarus & Davidoff, 2000). Finding ways to implement educational programmes that will help youth develop resiliency requires the positive development of the school as a whole (De Jong, 1996).

## **Schools as Organizations**

Schools are complex social systems involving many people and a variety of functions. Although the different components of the school can be separated for the purposes of discussion, they are interdependent and continuously interact with one another (De Jong, 1996; Lazarus & Davidoff, 2000). Schools are also open systems (Burden 1981). This means that they are in continuous interaction with other systems, including the local community and the broader social system in its entirety. They develop a school culture and a set of strategies for guiding changes to meet the challenges of a dynamic environment.

## **The Culture of the School**

Culture refers to the atmosphere or ethos, including especially the values and norms that are reflected in patterns of interaction in the school (Sparkes, 1991). 'The way things are typically done here' is one way of describing and understanding a school's culture. This includes the written and unwritten rules (norms) that determine the way things are done in that particular school. A health-promoting and inclusive school is one that fosters a supportive and non-discriminatory school culture. The values and norms of the school need to foster a regard for the development of the school community as a whole. Thus, the vision or mission of the school would need to reflect a commitment to well-being and inclusion, and this commitment would need to be embodied in school policies and practices that support the health and development of all concerned (Donald et al., 2002).

Many problems experienced between students and teachers are related to a conflict between the values of the school, and the values of the students as reflected in their particular cultural, family, and peer-group backgrounds (Donald et al., 1997). The move towards racial integration in Namibian schools, for example, is crucial to resolving conflicts of value in the Namibian society as a whole. A working-class, black student who attends a traditionally middle-class, predominantly white school may have difficulty in adapting socially and



academically. Other difficulties may arise if the student, in trying to live up to the values and expectations of the school, then becomes estranged from his own family (Donald et al., 1997).

Although it may seem easier if there is a match between community and school values, this does not mean that working-class values should only go to working-class schools (Siann & Ugwuegbu, 1980). Rather, it suggests that schools have the tremendous task of addressing diversity across social class, race, language, and other categories, so that schools do, in fact, respect the values reflected in different communities. The communities within which schools are located strongly influence their development, and vice versa (Siann & Ugwuegbu, 1980). This is a basic eco-systemic understanding. The local community reflects values, norms, and conditions common to the broader community and to the social system as a whole. These in turn are reflected in the school. The reciprocal or reverse process also holds true. Some key issues relating to the school-community relationship are:

### **The Strategies that Guide the School**

According to Donald et al., (1997) the school must set out to understand and monitor changes in its environment; anticipate future trends; set appropriate goals in terms of this analysis; plan how to achieve these goals; implement action; and evaluate the action in terms of the intended outcomes. They identified four strategic priorities that could assist the school in identifying and implementing positive changes in the education process:

1. Address social issues, including campaigns against substance abuse and sexual harassment in the school.
2. Respond more effectively to diverse learning needs among students.
3. Include teachers, students, and parents in the governance and activities of the school.
4. Sustain staff development programmes that include training in management and conflict resolution, and developing alternative discipline strategies.

### **The Importance of School Performance**

The school is important, not just as a social institution, but as an academic institution as well. There is substantial literature to support a relationship between what happens in terms of school performance and the impact on youth and at-risk behaviours. Winters (1997)



suggested that levels of academic achievement play a significant role in youth involvement in crime. While school failure does not necessarily lead to criminal involvement, poor school achievements, along with dropping out of school are strong correlates of youth's anti-social behaviour and involvement in crime. In most cases, however, experiencing difficulties in school is not easily isolated from other risk factors affecting a young person's environment (Human Resource Department Canada, 1993).

According to Human Resource Department Canada (1993), a number of risk factors are often associated with the likelihood of experiencing academic difficulties. Children suffering from malnutrition may experience difficulties concentrating in class and have problems learning new material, which can lead to school underachievement. Children may be affected by a learning disability that hinders their ability to learn and interact effectively within the school environment. Children's cultural background may also negatively affect their ability to perform in school. For example, a language barrier may result in difficulties understanding directions or reading material; children's ability to interact with peers may be hindered because of segregation based on ethnicity; and the teaching style and school curriculum may not be culturally relevant.

The combination of several risk factors seems to be associated with a heightened risk of academic failure (Behrman & Lavy, 1994; Human Resource Development Canada, 1993; Patterson, 1990). For example, school failure, by itself, has not been linked directly to criminal behaviour. In most cases, academic difficulties are accompanied by other risk factors, often making poor school performance a symptom of deeper problems taking place either at school or within the family environment. Thus, dropout and other prevention strategies focusing on student achievement must acknowledge and take into account the host of factors that are at play in determining at risk youth's academic success.

Research has shown that school engagement is one key to successful achievement for students who are at risk (Finn & Rock, 1997). Parents and other siblings can play a pivotal role in fostering engagement through their direct involvement with school activities. Accordingly, the literature indicated that positive school achievements are associated with higher parental involvement (Steinberg, 1992). A family context where education is valued and where parents closely monitor their children's school performances and activities is likely to positively influence a young person's school commitment.



## **Substance Abuse and School Performance**

There are many physical changes that take place in the brain and body as a result of drug, alcohol, and tobacco abuse (Jaffe, 1980). These changes often have negative consequences in terms of school performance because they cause changes in the body that can make learning and concentration more difficult.

Tobacco use is often seen as a behaviour that has only long-term health consequences such as lung cancer, heart disease, and emphysema. According to the US Department of Health and Human Services (1988), students struggle with the short-term effects, which impede their ability to perform on a day-to-day basis. Limited access to tobacco during school hours is related to withdrawal, which increases distraction by external stimuli and decreases activity level. Students who smoke are at higher risk for contracting colds, bronchitis, and triggering asthmatic symptoms, and therefore have increased absenteeism due to illness. Tobacco use as with other drug addiction is a biological-based disease that alters the way the brain functions. Drugs interfere with the brain's ability to receive and process information needed for daily living. Tobacco may lead to other substance use, with has also been shown to increase absenteeism and decrease students' creativity, ambition, and grades.

Experts have suggested that regular marijuana use can lead to a motivational syndrome, in which people lack concern and become more passive and less oriented toward achievement (US Department of Health and Human Services, 1982). Marijuana use has been associated with impaired school performance, both for students who excelled at school and those who had prior behavioural problems before they began to use the drug. A nationwide survey of over 61 000 high school seniors between 1976 and 1996 found that, "those seniors who were frequently truant, who spent many evenings away from home, for fun and recreation, who got relatively poor grades ... were also more likely than the average senior to be users of marijuana" (Bachman, Johnston, & O'Malley, 1998:890).

Eggert and Hertine (1993) studied alcohol, tobacco, and other drug use patterns of two groups of fourteen through nineteen year-old adolescents that were compared. Those at high-risk from dropping out of high school and those not at-risk for dropping out. High-risk students were identified as having marks below average, previously dropped out, or been identified by the school as in danger of dropping out. This study found that high-risk students had more frequent/serious substance abuse, greater access to substances, less control of use,



and more negative consequences due to substance abuse. The authors concluded that although it was not clear whether the low academic performance led to drug abuse or vice versa, it was clear that there was a link between the two factors.

Another study showed the relationship between drug and alcohol use and failure to graduate from high school (Friedman, Glickman, & Utada, 1985). A significantly higher percent of high school students who had previously reported drug use dropped out than non-drug users. The link between alcohol, tobacco, and drug use and decreased school performance is not a direct causal relationship because there are many other factors involved as well. However, it is clear from the research that there is a connection, and that substance abuse has a negative impact on many different aspects of school performances.

### **Sexual Behaviour and School Performance**

Teen pregnancy has a profound effect on school performance. A higher percent of teen mothers fail to complete school than teenagers who do not have children (Kirby, 1997). For example, "Less than one-third of teens who begin families before age 18 ever complete high school" (National Campaign to Prevent Teen Pregnancy, 1997:2). One study found that fifty percent of teen mothers that had dropped out did so before they were pregnant and the other half dropped out after becoming pregnant (Manlove, 1998). In fact, parenthood is the leading cause of high school dropout among teen girls (Manlove, 1998). Symons, Cinelly, James and Groff (1997) did an extensive literature review and found that:

Studies confirm that childbirth during the high school years is associated with significantly reduced academic achievement. Young women who bear children are less likely to complete high school than their counterparts. Adolescents who become pregnant also tend to have lower grades (p. 228).

Experts have suggested that prevention of pregnancy requires teens to have life options that will motivate them to prevent pregnancy, and also to be educated about sexuality and birth control (Children's Defence Fund, 1986). Sexuality education classes in schools are crucial for the prevention of teen pregnancy, as previous research has demonstrated that certain programmes increase abstinence and birth control use (Ounce of Prevention Fund, 1992). Family planning and counselling services are also important for students who are at-risk for pregnancy. The teen birth rate has fallen in the past few years, and some researchers believe that sex education programmes are partly responsible for this improvement (Portner, 1998).



## **Violence and School Performance**

Exposure to violence has negative psychological and physiological consequences that can have detrimental effects on school performance. Studies show that children who have been exposed to violence can have increased anxiety, which may make it more difficult to attend to what is going on in school. They may also have trouble controlling both fear and anger and may have difficulty forming trust and building social relationships. Psychological problems associated with trauma and violence may interfere with the learning process. Trauma can have an effect on memory and the ability to incorporate and transfer skills. Children may become more apathetic about the future, and may have behavioural problems. School performance problems that have been linked to violent behaviour also include poor verbal skills, difficulty with attention, and antisocial behaviour and problems (Prothrow-Stith & Quaday, 1995).

## **The Potential of School Programmes to Reduce Risk Factors**

There has been research to document the effectiveness of health education programmes in preventing alcohol, tobacco, and drug abuse (Hawkins, Vatalano, Kosterman, Abbot & Hill, 1999). The results demonstrated that such programmes can lower drug, alcohol, and tobacco abuse rates and have a positive impact on school performance. Other studies, however, have found certain programmes to be less effective than others in the prevention of drug use. One review of evaluations of prevention programmes, for example, found that not all programmes seem to be effective in long-term prevention of substance abuse (Dusenbury, Falco & Lake, 1997).

Donald et al., (1997) identified "Health Promotion" as the optimal focus for these kind of educational programmes, but was clear that the programme must involve more than promoting physical health. It includes all of the physical, cognitive, emotional, social, moral, and spiritual aspects of development. They were also adamant that health promotion was not something to be 'tacked onto' the curriculum, but rather should be infused into all aspects of the teaching/learning process (Donald et al., 1997). Adopting "health promotion" as the broad label for thinking about programmes that can reduce factors, requires a clear understanding of what is meant by the term. Van der Hoorn (1994) has offered the following:

- First, health promotion represents an important and basic shift in thinking about developmental issues. One significant effect of this shift is that we become less 'problem



focused' and more 'solution focused' in our thinking. In actively promoting whole and healthy development in individual children and the learning environment, our minds and attention are inevitably directed at promoting what is positive rather than feeling overwhelmed by what is wrong or negative.

- Second, health promotion is a holistic concept. It does not, for instance, separate areas such as physical, social, and mental health. Promoting health and well-being in all of these areas all of the time is critical. Scholastic well-being cannot be achieved without physical, social, and emotional well-being.
- Third, a flexible attitude toward accepting differences is needed, with an emphasis on positive affirmation and respecting differences.
- Fourth, prevention is central to promotion. Given the nature and extent of the barriers to learning that exist in our society, it is unrealistic to believe that we can ever be effective if we see them only as problems to be 'cured'. We have to find ways of "preventing them from falling off the mountain," as described in Chapter One of this research.
- Finally, health promotion involves collaboration between school and community, between educators, students, teachers, and other community members. While specific services may require specialists from different areas of health (physical, psychological, etc), the services that are delivered must be collaborative and integrated across these sectors.

Because the school is the primary organization where the formal education of children and youth takes place, it is crucial to discover the ways in which education can be organised and delivered to achieve the goal of health promotion. If the means and methods for effective health promotion can be identified, they can become the focal points for the formulation of specific government policies designed to address the problems of youth in at-risk contexts.

## **Physical Activity and Health Promotion**

One foundation of the sport sciences is the perspective that participation in sport and physical activity enhances the quality of personal and community life (Allison, 1991). There is a growing recognition that adequate opportunities to participate in sport and recreation will improve the quality of life and indirectly enhance the life of all community members (Province of Ontario 1988; O'Donnell, 1989). The youth of today live in a society full of



challenges (violence, crime, drugs, stress and other health risks). Basic human values are a fundamental tool that contributes towards acceptable behaviour. A wise starting point to teach these values is at grass root levels within a community. When children play they compete and cooperate. The way they cope with the situation reflects the values and beliefs of society at large (Greyling, 1996; Wiid, 1994).

Physical activity programmes in schools are conceived as physical education programmes. A physical education programme can be implemented to provide cognitive, social, physical, psychomotor and affective development, by carefully providing challenges according to the needs of students within a particular context. Physical education also introduces students to an understanding of the importance of exercise to their health and future well-being. Physical Education contributes to the broader goal of education, by helping each person reach his/her potential. The programme contributes to community development by promoting levels of health and physical fitness that can support positive community involvement (Bressan, 1994; Katzenellenbogen, 1994; Freeman, 1997; Magnus, 1998; Peng, 1998; Mokgwathi, 1999).

Despite the evidence linking physical activity during childhood to later health outcomes, physical activity programmes in elementary and secondary schools are disappearing (Tremblay, Pella & Taylor, 1996). This has implications that reach far beyond concern for at-risk youth. The disappearance of the school subjects may be linked to a lack of knowledge about the benefits of participation in physical activity, especially in relation to at-risk youth.

But the absence of physical activity as part of the formal school curriculum is only one dimension to the disappearance of physical education from education. In general, schools provide education for approximately 6 hours per day. This leaves up to 25 unstructured hours per week for each child, if one calculates the time between when children arrive home from school and when parents who work full-time arrive home from work. Unsupervised children show a much greater risk of behaviour problems, including anti-social behaviour, delinquency, and failing in school (Nelson, 1995). Research documents that most delinquent behaviour occurs in the after-school hours from 14h00 – 18h00 (United States Department of Education and United States Department of Juvenile Justice, 1998). Community sport, recreation and physical activity programmes can play an important role in providing opportunities to use this "unstructured time" while promoting community integration.



Socialization can be enhanced and social interaction can be encouraged through participation in various community activities (Burt Perrin Associates, 1989). Participation in physical activity is not only a legitimate community activity, but it also can provide positive benefits related to psychological health, physical health, familial interactions, peer influence, academic performance, community development and other lifestyle behaviours (Canadian Parks and Recreation Association, 1995).

## **Physical Activity and Physical Health**

In the early 1990's the United States of America realized that the colossal havoc done to its economy by the poor physical health of a large portion of the population. For example, in 1995 the total costs (medical cost and lost productivity) attributed to obesity alone amounted to an estimated \$99 billion (Healthy People 2010, 2000). The key risk factors for poor physical health were identified as lack of regular physical activity, obesity, tobacco use, substance abuse, irresponsible sexual behaviour, poor mental health, injury, violence, lack of environmental quality, lack of immunization and poor access to health care, (Healthy People 2010, 2000). Of all these factors, lack of regular physical activity was the most common factor in poor physical health.

According to the United States Department of Health and Human Services (1998: 152), "Schools are ideal places to reach children and youth. Because children's health and learning are linked, children cannot learn when they are not well or when health concerns interrupt their ability to concentrate". School and community programmes have the potential to help children and youth establish lifelong, healthy physical activity patterns. In recent years the public health benefits of reducing sedentary lifestyles and promoting physical activity have become increasingly apparent.

The Surgeon General's report on physical activity and health emphasized that regular participation in moderate physical activity is an essential component of a healthy lifestyle (United States Department of Health and Human Services, 1996). Although regular physical activity enhances health and reduces the risk for all-cause mortality (Kaplan, Seeman, Cohen, Knudsen & Guralnik, 1987) and the development of many chronic diseases among adults (Slattery, Jacobs, 1989), many adults remain sedentary (Siegel, Brackbill & Frazier, 1991). Although young people are more active than adults are, many young people do not engage in recommended levels of physical activity (Adams, Schoenborn, Moss, Warren & Kann, 1992).



In addition, physical activity declines precipitously with age among adolescents (Centre for Disease Control, 1995). Comprehensive school health programmes have the potential to slow this age-related decline in physical activity and help students establish lifelong, healthy physical activity patterns (Kolbe, 1993; McGinnis, 1993).

Regular and moderate physical activity results in many health benefits for adults. For example, it improves cardio-respiratory endurance, flexibility, and muscular strength and endurance (Bouchard & Shephard, 1994). Physical activity may also reduce obesity (Williamson, Madans, Anda, Kleinman, Kahn & Byers, 1993), alleviate depression and anxiety (Farmer, Locke, Mocicki, Dannenberg, Larson & Radloff, 1988) and build bone mass density (Lane, Bloch, Jones, Marshall, Wood & Fries, 1986). Physically active and physically fit adults are less likely than sedentary adults to develop the chronic diseases that cause most of the morbidity and mortality in the United States: cardiovascular disease (Slattery, Jacobs & Nichaman, 1989), hypertension (Paffenbarger, Wing, Hyde & Jung, 1983), non-insulin-dependent diabetes mellitus (Helmrich, Ragland, Leung & Paffenbarger, 1991), and cancer of the colon (Gerhardsson, Floderus & Norell, 1988). All-cause mortality rates are lower among physically active than sedentary people (Kaplan, Seeman, Cohen, Knudsen & Guralnik, 1987).

Although more research is needed on the association between physical activity and health among young people (Bar-Or & Baranowski, 1994), evidence has shown that physical activity results in some health benefits for them. For example, regular physical activity improves aerobic endurance and muscular strength (Dotson & Ross, 1985). Among healthy young people, physical activity and physical fitness may favourably affect risk factors for cardiovascular disease (e.g., body mass index, blood lipid profiles, and resting blood pressure) (Berkowitz, Agras, Korner, Kraemer & Zeanah, 1985). Regular physical activity among children and adolescents with chronic disease risk factors has been identified as important (Tomassoni, 1996). It decreases blood pressure in adolescents with borderline hypertension (Alpert & Wilmore, 1994), increases physical fitness in obese children (Ignico & Mahon, 1995), and decreases the degree of overweight among obese children (Brownell & Kaye, 1982). Although the relationship between physical activity during youth and the development of osteoporosis later in life is unclear (Bailey & Martin, 1994), evidence exists that weight-bearing exercise increases bone mass density among young people (McCulloch, Bailey, Whalen, Houston, Faulkner & Craven, 1992).



## **Physical Activity and Self-esteem**

Many researchers have reported that a significant relationship exists between participation in physical activity and self-esteem (Gruber, 1986). The development of self-esteem is regarded as a primary goal in many schools because self-esteem is considered to be an underlying factor determining student motivation, persistence, and academic success (Yawkley, 1980). Many children wish to be seen as competent in physical activity, especially within their own peer group (Cantell, Smythe & Ahonen, 1994; Shoemaker & Kalverboer, 1994), and thus achievement in the physical domain may have a strong causal link to self-esteem. Indeed, Whitehead and Corbin (1997) concluded that achieving competence in physical activity can positively influence physical self-esteem and facilitate the most desirable forms of motivation. Physical activity among adolescents has been consistently related to higher levels of self-esteem and self-concept and lower levels of anxiety and stress (Calfas & Taylor, 1994).

## **Physical Activity and Academic Performance**

Some educators and parents may believe that spending time during school hours on physical activity inhibits children's chances in academic pursuits, and some departments of education also may think that the time and money spent on physical activity might be better spent on academic pursuits (Hanson & McKenzie, 1989). However, a study by Shepard (1997) concluded that academic learning per unit of class time is actually enhanced in physically active students. Indeed, more and more private schools subscribe to the belief that developing a "sound body" is an integral part of developing a "sound mind".

Sport and physical activity have also been linked to better school performance by Lichtman and Poser (1993). They tested subjects on the performance of a cognitive task, before and after a physical activity programme. A control group participated in a hobby class instead of physical activity. The group who engaged in the physical activity improved more than the control group in terms of cognitive task performance, and had a more positive mood in the post-test than the control group. This suggests that learning may be positively affected by physical activity. Research by Shephard (1983), demonstrated that level of arousal was strongly and immediately affected by physical activity, and arousal was related to wakefulness or attentiveness.



According to the Surgeon General's Report (United States Department of Health and Human Services, Physical Activity and Health, 1996), one result of regular physical activity is an enhanced immune system. Lacks of regular exercise has been linked to disease, mental health problems such as mood disorders, and lower energy levels. Physical activity may be important for maximal performance at school. One longitudinal study, known as the Trois Rivières regional experiment, showed the impact of physical activity on academic performance. Students who received an additional five hours of physical activity per week had statistically significant school performance gains over the control group who did not have the physical activity programme. The active students achieved higher grades than control students in math, reading, and writing (Shephard, 1982; 1983).

The United States Department of Health and Human Services (1996) found a link between participation in high-risk and unhealthy behaviours and school performance problems. Drug use, alcohol use, and tobacco use, pregnancy, poor nutrition and physical inactivity, and violence are all related to diminished school performance. This agency's review suggested that if students are not in good health, they will not be able to learn and achieve to their highest potential. Additional high-risk behaviours such as dropping out, truancy, and delinquency were also related to poor academic performance.

## **Holistic Health and Health Promotion**

Health promotion in schools has been conceived as a comprehensive whole-school development approach involving all aspects of the school curriculum as an organization. (Davidoff & Lazarus, 1997; Lazarus & Davidoff, 2000). The Canadian Parks and Recreation Association (1995) found that strategies involving physical activity and recreation appeared to be promising in minimizing or removing risk factors at all stages of the at-risk continuum. They stated that participation in physical activity and recreation can provide positive benefits related to psychological health, familial interactions, peer influence, academic performance, community development and other lifestyle behaviours. Unfortunately, they also discovered that many physical activity and recreation leaders (professional, volunteer, administrative or political) had little knowledge of, or were not concerned about, the physical activity and recreation interests of youth in an at-risk context

These data support the assertion that many potential benefits of applying physical exercise to other areas of functioning related to at-risk youths' problems are possible



(Collingwood, 1997). The evidence is gradually gaining acceptance within the fields outside of exercise science. The National Institute for Mental Health (NIMH) consensus panel emphasized the beneficial emotional effect of exercise across all ages and for both sexes and recommended its application as a prevention and treatment strategy (Morgan & O'Conner, 1988).

## **Statistics Regarding Physical Activity**

Although children and adolescents are more physically active than adults, many young people do not engage in moderate or vigorous physical activity at least 3 days a week (Adams et al., 1992). For example, among high school students, only 52% of girls and 74% of boys reported that they exercised vigorously on at least 3 of the previous 7 days (Centre for Disease Control, 1995). Physical activity among both girls and boys tends to decline steadily during adolescence. For example, 69% of young people 12-13 years of age but only 38% of those 18-21 years of age exercised vigorously on at least 3 of the preceding 7 days (Adams et. al, 1992), and 72% of 9th-grade students but only 55% of 12th-grade students engaged in this level of physical activity (Centre for Disease Control, 1995).

Demographic, individual, interpersonal, and environmental factors are associated with physical activity among children and adolescents. Demographic factors include sex, age, and race or ethnicity. Girls are less active than boys, older children and adolescents are less active than younger children and adolescents, and blacks are less active than whites (Centre for Disease Control, 1995).

Individual factors positively associated with physical activity among young people include confidence in one's ability to engage in exercise (i.e., self-efficacy) (Zakarian, Hovell, Hofstetter, Sallis & Keating, 1994), perceptions of physical or sport competence (Tappe, Duda & Menges-Ehrnwald, 1990), having positive attitudes toward physical education (Zakarian et al., 1994), and enjoying physical activity (Stucky-Ropp & DiLorenzo, 1993). Perceiving benefits from engaging in physical activity or being involved in sports is positively associated with increased physical activity among young people (Ferguson, Yesalis, Pomrehn & Kirkpatrick, 1989). These perceived benefits include excitement and having fun; learning and improving skills; staying in shape; improving appearance; and increasing strength, endurance, and flexibility (Kelder, Perry, Peters, Lytle & Klepp, 1995). Conversely, perceiving barriers to physical activity, particularly lack of time, is negatively associated with



physical activity among adolescents (Tappe, Duda & Ehrnwald, 1989). In addition, a person's stage of change (i.e., readiness to begin being physically active) (Marcus, Eaton, Ross & Harlow, 1994) influences physical activity among adults and may also influence physical activity among young people.

Interpersonal and environmental factors positively associated with physical activity among young people include peers' or friends' support for and participation in physical activity (Anderssen & Wold, 1992). Among older children and adolescents, physical activity is positively associated with that of siblings (Perusse, Tremblay, LeBlanc & Bouchard, 1989), and research generally reveals a positive relationship between the physical activity level of parents and that of their children, particularly adolescents (Sallis, Patterson, Buono, Atkins & Nader, 1988). Parental support for physical activity is correlated with active lifestyles among adolescents (Butcher, 1985). Physical activity among young people is also positively correlated with having access to convenient play spaces (Garcia, Norton Broda, Frenn, Coviak, Pender & Ronis, 1995), sports equipment, and transportation to sports or fitness programmes (Sallis, Alcaraz, McKenzie, Hovell, Kolody & Nader, 1992).

## **Policies Regarding Physical Activity**

Rigorous scientific reviews have led to a widely accepted set of developmentally appropriate recommendations. The International Consensus Conference on Physical Activity Guidelines for Adolescents issued the following recommendations:

- All adolescents should be physically active daily, or nearly every day, as part of play, games, sports, work, recreation, physical education, or planned exercise, in the context of family, school, and community activities (Sallis & Patrick, 1994).
- Adolescents should engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion (Sallis & Patrick, 1994).

Increased awareness of the health benefits of physical activity has led to increased recognition of the need for initiatives to reduce sedentary lifestyles. The International Consensus Conference on Physical Activity Guidelines for Adolescents recommends that "all adolescents ... be physically active daily, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education, or planned exercise, in the context of



family, school, and community activities" and that "adolescents engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion" (Sallis & Patrick, 1994).

## **Physical Activity and At-Risk Youth**

Because at-risk youth present a serious challenge to community development, it is important to look at the specific potential of physical activity programmes to address at-risk factors. Physical activity leading to fitness can be a powerful tool in the effort to provide effective intervention programmes for youth (Collingwood, 1997). However, an effective programme to address at-risk behaviours would have to deal with the emotional, intellectual and physical needs of youth.

In the past, the physical activity needs of at-risk have received minimal attention in the physical activity and sport literature. Those who work with youth in an at-risk context usually implement these two forms of physical activity to complement a core programme designed to increase the physical fitness of the youth. Physical fitness is the direct result of undergoing rigorous exercise. It is composed of four basic elements, generally defined by Collingwood (1997) as follows:

1. Cardiovascular endurance, or aerobic fitness is the circulatory system's ability to transport oxygen, giving you the stamina to perform endurance activity. Maintaining aerobic fitness area can help control obesity and prevent heart disease and diabetes – all important health considerations. Examples of activities that develop cardiovascular endurance include distance running, swimming, and basketball.
2. Strength can be broken down into muscular strength (the ability of muscles to generate force) and muscular endurance (the ability to make repeated contractions). Maintaining adequate strength can enhance health by helping to prevent many orthopaedic injuries, back problems, and osteoporosis. Examples of activities that help develop absolute muscular strength and muscular endurance include weight training and callisthenics.
3. Flexibility refers to the range of motion in the joints, which has a direct effect on the ability to stretch, bend and twist. Flexibility has many health benefits in terms of injury prevention. Examples of activities that develop flexibility include stretching exercises and gymnastics.



4. Body composition includes body shape as well as percent body fat. It affects appearance and physical performance as well as many health aspects. Excessive body fat is a risk factor for many cardiovascular and metabolic diseases. Activities that utilise many calories, such as running, walking, and swimming, can help decrease body fat.

Implementing an exercise programme to increase fitness is not sufficient to address the problems of at-risk youth. Such a programme would also need to target the development of positive social values, such as self-discipline and responsibility, as well as life skills, such as goal setting and planning. In this way, participation in a physical activity programme can have a bearing on many psychological factors, such as the development of self-esteem and well-being and the lessening of anxiety and depression (Collingwood, 1997).

### **Learning Values through Physical Activity**

Values can be regarded as the basis for behaviour. When children play, they compete and cooperate in ways that reflect their values. The way they cope with play situations reflect the values and beliefs of their respective communities (Greyling, 1996; Wiid, 1994). There has been a long history of commitment to values education through participation in physical education, sport and recreation activities. Physical activity as a means for developing moral values was explained in the original report of the President's Council on Youth Fitness, published in 1958 (U.S. Department of Health, Education and Welfare, 1958). This report served as the blueprint for the establishment of the President's Council on Physical Fitness and Sports and for a national mission to increase the physical activity and fitness of Americans. Although nearly 40 years old, the report has much to say about the challenges we face today and the value of physical activity to meet those challenges. The report detailed the youth problems of the 20<sup>th</sup> century America as follows:

- A nation concerned with "nurturing comfort".
- Self-indulgent to the extreme.
- No concept of delay of gratification.
- Passive observers as opposed to active participants.
- "Buy, watch, and receive" rather than "do, make, and create".

The report elaborated on how physical activity is the direct means by which we can help youth build self-reliance and citizenship. Physical activity is a method for developing



individual responsibility, impacting character beyond that of mere physical performance. Strenuous physical activity can be utilised as a vehicle for instilling duty, obligation and responsibility inherent in citizenship (Collingwood, 1997).

## **The Uniqueness of the Physical Domain**

The effects of physical activity reflected in the studies stem from the unique qualities of the experience of physical participation. The physical domain presents physical activity as both a process and an outcome. According to Collingwood (1997), it is a unique educational process because:

- It is a very concrete and specific process.
- It is an honest process, making distortions difficult.
- It is goal-oriented.
- It is active, not passive.
- It requires both leaders and followers.
- It is demanding, perhaps involving discomfort.
- Results are delayed.
- It can be a highly disciplined activity.
- It requires respect for other.

The potential outcomes of participation in physical activity are equally powerful (Collingwood, 1997):

- The development of a health-enhancing lifestyle.
- Increased physical fitness.
- Increased self-confidence.
- Increased self-discipline.
- Increased sense of personal responsibility.
- Increased willingness to address developmental problems.
- Increased ability to set goals and make systematic plans to reach goals.



A conceptual presentation of the process and outcome benefits associated with education in the physical domain are presented in Figure 2. The Carnegie Council on Adolescent Development (1989) report stated that increasing health and fitness can be a major tool for helping youth in all of the at-risk problem areas. From a purely physiological perspective, they identified the need to address the physical fitness needs of youth in an at-risk context as important. This is because physical activity can impact some of the risk factors associated with youth in an at-risk context.

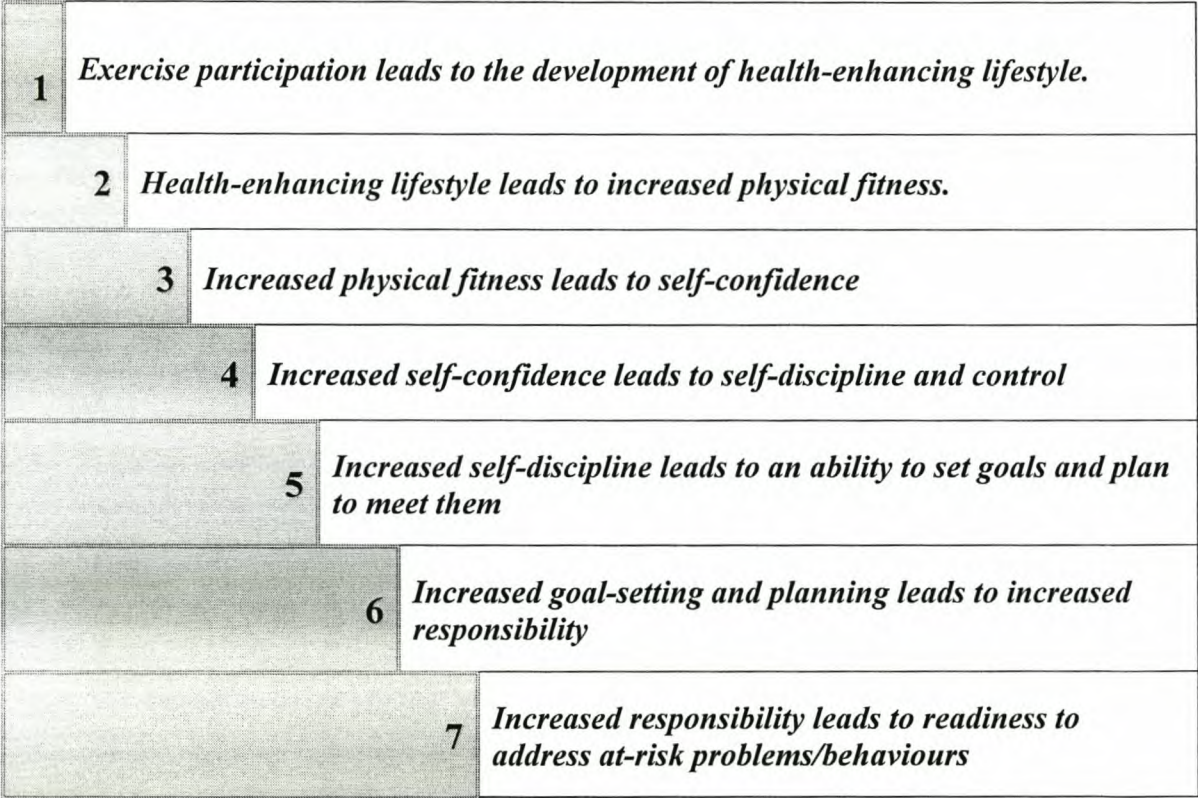


Figure 2

Levels of Participation in Physical Activity Leading to Potential for Behavioural Change (Adapted from Collingwood, 1997)

**Teaching Personal and Social Responsibility Model (TSPR)**

One programme model that has been successfully used in many physical activity settings with at-risk youth, is the Teaching Personal and Social Responsibility (TPSR) Model of Hellison (1995). This curricular framework can help teachers' structure their programmes, adapt their teaching strategies, and involve their students in promoting personal and social responsibility. Teaching students to behave responsibly is the overall objective of the



programme. Teaching students to assume responsibility for their own behaviour and learning, is important to the promotion of lifelong involvement in physical activity. The model emphasises values such as respecting others, valuing individual differences, and fair play as desirable outcomes of a physical education programme (Wuest, 1999).

The TPSR Model was developed to help students learn to be responsible by giving them increasing amounts of responsibility and by carefully shifting a significant portion of decision-making responsibilities to them. The model promotes self and social responsibility by empowering students to take more responsibility for their actions and lives and by teaching them to be concerned about the rights, feelings, and needs of others. The model strives to help students feel empowered, to experience making commitments to themselves and others, to live by a set of principles, and to be concerned about the well-being of others (Wuest, 1999).

The TPSR Model emphasizes effort and self-direction as critical to the achievement of personal well-being. Respecting others' rights, considering others' feelings, and caring about others are essential to the achievement of social well-being. Hellison (1995) places the achievement of these outcomes in an informal progression of levels or goals to help both teachers and students to become aware of their behaviours and to focus their efforts as they move toward desired outcomes. Teachers can use these levels as a framework to plan, teach, and evaluate student learning (Wuest, 1999).

The TPSR model's levels can be described as moving from irresponsibility to responsibility, moving from respect for oneself and to respect and concern for others. These behaviours would be first developed within the physical education class and then used outside of the gym, in the home and the community. Hellison's (1995) levels of responsibility and examples of associated behaviours are briefly described below.

### **Level 1: Respect**

Students control their own behaviour and show respect for the feelings and rights of others. Students understand that all have the right to participate. Students have the right to resolve conflicts peacefully. Students are taught to recognize and respect differences of opinion and to negotiate conflicts. Level 1 targets an increased awareness of empathy and understanding of the impact of one's behaviour on others.



## **Level 2: Participation and Effort**

The emphasis is on helping students participate in activities that can become an integral part of their lives. Students are encouraged to explore the relationship between effort and outcomes, try new activities, accept challenges, and arrive at a personal definition of success. Is success participating? Improving? Being socially responsible?

## **Level 3: Self-direction**

Students assume increased responsibility for their work and actions; they are able to work more independently on tasks. Students learn to identify their own needs and interests, set own goals, establish related tasks for achieving them, and evaluate their progress. Students are encouraged to balance current and future needs. They have greater ability to disregard "peer pressures" and remain committed to being socially responsible.

## **Level 4: Caring and Helping Others**

Students are helped to develop interpersonal skills and to reach beyond themselves to others. They are encouraged to give support, show concern, and exhibit compassion without expectation of reward. Teaching styles, such as the reciprocal style, offer opportunities for students to assist each other in learning. Students are supported in their efforts to become contributing members of the community.

## **Teaching Strategies that Support the Model**

Hellison and Templin (1991) as well as Lavay, French, and Henderson (1997) outline six instructional strategies that contribute to the development of responsibility. These strategies - awareness, experience, choice, problem-solving, self-reflection, and counselling time - are also supported by Wuest (1999):

- **Awareness of the goals and different levels** in the model is integral to success. Teachers can use brief talks at the beginning of the class to discuss a level, use teachable moments during class to point out level-related activities, and invite students to share their experiences with different levels.
- **Experience at different levels is important.** Teachers can create opportunities by carefully selecting games that promote cooperation and inclusion (Level I) and by



offering experiences that help students see the relationship between effort and outcomes (Level II). Using teaching styles that provide opportunities for students to work independently during class or to make choices about the task (Level III) or to help others (Level IV) encourage the development of responsibility.

- **Choice is an integral part of each level.** Students at Level I who misbehave or infringe on the rights of others can either choose to sit out or change their behaviours. Students also experience choices as they negotiate conflicts. At Level II, students can be allowed to choose their level of effort, providing their lack of effort does not adversely affect the performance of others. They could have the opportunity to select the number of repetitions of an exercise, choose from a series of progressively more difficult tasks at a station, or choose a level of game intensity. Choices at Level III may include choosing to work on activities related to personal goals or participating in teacher-directed activities. Level IV offers students the opportunity to choose to help other students in the class to learn.
- **Problem-solving is incorporated into each level.** At Level I students may address how to deal with name call or examine ways to negotiate a conflict. Level II problems may deal with issues of low motivation, while at Level III students may address difficulties they encounter in being self-directed. Dealing with peer pressure may be addressed at Level IV.
- **Self-reflection encourages personal growth.** Students can be asked to reflect on what they did and felt during class in relation to the levels. Reflection may also occur through writing, by a checklist, in discussion, or even by a show of hands indicating how the students felt about an activity or behaviours during class.
- **Counselling time** is needed to talk to individuals about specific problems, teacher's observations in relation to levels, and how students view their behaviour and class. This could be accomplished for some students during pre-class activities or games. Other students may require a greater length of time and may need to be seen outside of class.



## The Situation in Namibia

Education in Namibia has undergone reform during various historical epochs from colonial times to the post-colonial period. These educational development phases were accompanied by a general pattern of political and socio-economical changes in society (Amukugo, 2002). The main problems in Namibia's education system are related to the past, and particularly to the policy of apartheid and its consequences. For our present purposes, what we need to understand is the nature of the challenges that face us now, and in the future, if we are to grow beyond that past. These challenges encompass the full extent of social reconstruction, including tackling issues of poverty, housing, and health. All these issues have significant effects on the development of children (Burman & Reynolds, 1986; Dawes & Donald, 1994). They also have a direct influence on the effectiveness of any education programme (Wilson & Ramphele, 1989).

Although the focus has recently begun to shift from policy formulation to implementation, the major emphasis over the past few years has inevitably fallen on the many structural changes that needed to be made in the education system. These changes have included bringing the different education departments under one ministry with one policy; redressing the differences in resources and access to education controlled by these departments, and making coherent sense of national education needs in areas such as curricula, qualification structures, support services and teacher education. Transforming the process of education must be a central goal, or reconstruction may become no more than the exchange of one set of structures for another (Gilmour & Soudien, 1994). A number of problems are placing immediate pressure on the process, including poverty, school attendance, substance abuse, sexual behaviours and crime.

### Poverty

In Southern Africa, poverty is related to a history of power relationships that have disadvantaged particular groups in the society. Even when these power relationships appear to change with political changes, the process of changing the economic realities of daily living for the poorest of the poor may take a very long time (Smith & Noble, 1995). Even when economic power does shift and advantage another sector of the society, the very poor may remain very poor. In Namibia, with its recent history of discrimination, repression, and



neglect of the needs of the majority, the range and extent of such problems associated with poverty are severe (Donald et al., 1997).

Poverty and poor educational and social conditions often reinforce one another. In particular, living under conditions of poverty may lead to difficulties in learning. Because of poor educational and social conditions, these specific learning difficulties may be neglected and ultimately result in more poverty, creating a negative cycle of cause and effect. Poor people are prone to the health and safety risks associated with malnutrition, disease, infection, and injury. These health risks can contribute to physical, intellectual, neurological, or sensory problems, which are likely to lead to difficulties as barriers to learning. One of the areas of most concern, for instance, is the damaging relationship between poverty, malnutrition, and cognitive development. This relationship has been widely studied both internationally and in Southern Africa. It is now realized that the negative effects on cognitive development are much more complex than were at first supposed (Richter & Griesel, 1994).

Another factor in this negative cycle has been the lack of access to health services in poor communities (Olver, 1984), and the inadequacy of basic health screening in historically disadvantaged schools (Frets-Van Buuren, Letuma & Daynes, 1990; NEPI, 1992). If they are not recognized and treated early, many common and preventable health problems can result in difficulties in learning (Kirk, Gallagher & Anastow, 1993).

The entire negative cycle is also reinforced in a number of ways related to education itself. Children with specific learning needs may not have their needs adequately met in overcrowded and under-resourced classrooms. This is especially the case where teachers are untrained in meeting their needs, and where support services are insufficient to back up the teachers. One outcome of this situation is that many of these children drop out of school with few skills to help them cope as adults. This results in more poverty. When such children do remain in school, teachers who have neither the training nor the support to cope with these difficulties may become frustrated and demoralized. Under these conditions, the whole process of teaching/learning can deteriorate and ultimately affect all children (Donald & Green, 1995).

## **School Attendance**

Dropping out of school is a major problem in Namibia, as it is in much of Africa (Bekomo, 1981; Palme, 1994). It is a problem because of the high numbers involved and



because of the wastage of potential for what are essentially preventable reasons (Donald, 1993). It is important to try to understand why it occurs, and what can be done about it.

In any society, reasons for dropping out of school are complex and should not be oversimplified (Trueba, Spindler & Spindler 1989). In Southern Africa, the problem has not yet been sufficiently researched. We can only point to some of the likely causes that may play a part in our high rates of dropping out of school. In Namibia, since 1995 there has been a remarkable reduction in repetition rates in Namibian schools. A reduction in repetition rates normally would mean an improvement in the educational system. In the Namibian context, however, the dramatic reduction in the repetition rates after 1995 has been attributed to the introduction of an automatic promotion system. It allows pupils to move on to the next grade irrespective of the examination results. The reduction has been more dramatic in disadvantaged regions and schools indicating a previously higher repetition rate in these regions and schools, attributed in part to poor socio-economic conditions. Reducing the repetition rates through automatic promotion does not really improve the education situation in disadvantaged regions and schools. It merely pushes the problem under the carpet, rather than resolving it (Amukugo, 2002). The interpretation of this situation is supported by the fact that the Grade 10 results since the inception of the external examination, has consistently shown that more than 55% of these learners do not get the necessary points to be promoted to Grade 11. Subsequently, these learners now are pushed out of the formal educational system (Amukugo, 2002).

In Southern Africa, economic realities must be recognized as factors in the drop-out rate. In poor communities, parents often cannot afford the costs of schooling. There is also often the expectation that children should take on either working or household responsibilities so that the family can survive economically. The result is that many children drop out of school early in order to earn money (Gordon, 1987), or to take on other family and social responsibilities (Bekomo, 1981). This means that in poor communities, education is particularly costly. This relates not only to the direct costs of schooling, but also because children at school are limited in how much they can contribute towards the immediate survival of the family. A longer-term view of the advantages of education often balances this short-term economic view. But if the child is not coping at school, the balance may swing toward family support for the decision to drop-out. Keeping the child in school where there is



no visible progress does not make sense for the family. It is certain that this is one reason for so many children dropping out of school (Donald, Wallis & Cockburn, 1997).

## **Alcohol, Tobacco and Other Drugs**

The Ministry of Youth and Sport (1993) published figures on behavioural patterns of 15-19 year-olds, which provided a useful profile of some key issues facing this age group. In their study they found out that 55% of Namibian children admit to drinking alcohol by the age of 16, and one in ten 15-year-olds smokes marijuana. Impoverishment, lack of support from the household environment, boredom, and the waning influence of traditional value systems, particular in the urban areas, frame the conditions under which youths make critical choices about their lifestyles.

Alcohol is said to be the single major problem among youth in Namibia, contributing to dropout from school, high rates of teen pregnancies and unwanted children, as well as growing prevalence sexually transmitted diseases such as HIV/AIDS. The use and abuse of alcohol and other substances has become part of Namibian life, and is aggravated by factors such as high unemployment and poverty. Alcohol use appears to be out of control due to the easy availability of the substance in both urban and rural centres in Namibia and because it is often sold to children (United Nations Development Programme with UN Country Team, 1999).

## **Sexuality and HIV/AIDS Infection**

According to the Department of Health Services, 37% of Namibian women had experienced sexual intercourse by the age of 18, rising to 61% by the age of 20. Knowledge of modern contraceptive methods was high (more than 80%) among female adolescents, but practice was very low. Only 11% of sexually active females aged 15 to 19 reported using modern contraceptives (Ministry of Health and Social Services, 1994).

Pendleton (1994), reported that adolescent pregnancy in Namibia is common, due to early sexual activity combined with low contraceptive use. Statistics on Sexually Transmitted Diseases (STI's) (other than AIDS) are largely unavailable. However, earlier statistics collected at Independence revealed high STI rates among young adults. Since the incidence of AIDS has increased rapidly, compelled with the low rate of condom use is a virtual guarantee that STI transmission in Namibia will rise (United Nations Children's Fund, 1995).



There were 14 924 reported cases of HIV infection in Namibia during July 1994 – compared with 4 cases in 1986. A high percentage of cases have occurred among adolescents and young adults (12% of 15-25 year olds affected), and the rate of infection increases with age. Among adolescents, rates are higher for females than for males (United Nations Children's Fund, 1995).

HIV infection is increasing rapidly amongst Namibian adolescents, especially young women with one in five of the sexually active young people possibly infected with HIV (NDP 2- Volume 1: Draft National Development Plan, 2000). From the 1998 sentinel surveillance on HIV sero-prevalence the age specific HIV prevalence in female STD patients under the age of 20 years was 24%, 42% in the age group 20 to 24 years and 39% for 25 to 29 years (Ministry of Health and Social Services, 1994)

It is anticipated that the impact of HIV/AIDS on the Namibian school system will increase the number of children without caregivers at home, which will in turn reduce enrolment and increase learner and teacher absenteeism. Against this background, government policy has called for a campaign reduce the spread of HIV/AIDS infections amongst learners, teachers and other stakeholders, through education and making information available, which will be done in cooperation with other ministries and agencies. Not only the formal school curriculum, but also existing or new co-curricular activities at schools will be used as a vehicle for such awareness campaigns (NDP 2- Volume 1: Draft National Development Plan, 2000).

## **Juvenile Delinquency and Crime**

According to the Annual Statistics of children screened at the Windhoek Magistrates Court, during 1999, 458 juveniles (15 to 18 years old) went through the system of which 102 were female offenders. The most common crimes committed by juveniles are, shoplifting, housebreaking, theft and assault with grievous bodily harm. Of the offenders, 52% were attending school. Of these school-going offenders, 64% were diverted while 35% went through normal criminal procedure (NDP 2- Volume 1: Draft National Development Plan, 2000).



## Conclusion

At-risk youth are those youth who live in a negative environment and lack life skills and values, placing them at-risk for developing serious problem behaviours, such as substance abuse, delinquency, violence, emotional disturbances, and educational and vocational difficulties. Not all at-risk youth are at-risk for the same reasons. But no matter what the problems and the causes are, the perceptions and statistics clearly indicate large numbers of youths are not developing into responsible adults. Thus they are at-risk for developing serious problems (Collingwood, 1997).

One of the most compelling reasons for looking to education and schools as a resource to assist in addressing a wide variety of at-risk factors, is the focus of education on learning. If educational programmes could be designed to help youth become more resilient to at-risk factors, it will have made a magnificent contribution to reducing the impact of those behaviours on society. Lifton (1994) identifies resilience as the human capacity of all individuals to transform and change, no matter what their risks; it is an innate "self-righting mechanism" (Werner & Smith, 1992:202). "Resilience skills" include the ability to form relationships (social competence), to problem solve (meta-cognition), to develop a sense of identity (autonomy), and to plan and hope (a sense of purpose and future).

Participation in physical activity can provide positive benefits related to psychological health, physical health, self-esteem, academic performance and community development (Canadian Parks/Recreation Association, 1995). If participation in physical activity can be structured to reduce the impact of at-risk factors, then such programmes must be included in a national policy to address the crisis surrounding at-risk youth in Namibia. The next chapter of this research will present information about how physical activity programmes could be structured to have a positive impact on at-risk youth in Namibia.



## **CHAPTER THREE**

# **THE PHYSICALLY ACTIVE YOUTH– NAMIBIA PROGRAMME**

Chapter Two identified at-risk factors and then presented information about physical activity programmes that have displayed the potential to reduce some of those factors. This study informed the formulation of the questionnaire designed to gather information about at-risk youth in Namibia (Research Questions One and Four). Chapter Three will continue with the focus on programmes. The first part of the chapter presents the resources that informed my decision-making when designing the after-school programme that formed the intervention part of this study. This programme, which I called the PAY-Namibia programme (Physically Active Youth – Namibia) was implemented in 2003 with 35 at-risk youth in order to determine if it had any impact on their health-related fitness or their academic achievement (Research Questions Two and Three). The PAY-Namibia programme is described in the second part of this chapter.

### **What is an "After-school" Programme?**

The National Institute of Out of School Time (NIOST) has broadly categorized programmes that run directly after school, or during evenings, weekends, summer vacations, and holidays, as "after-school programmes". These programmes are usually run by schools, community-based organisations, or churches and they can be housed in any environment where youths feel safe. In general, quality after-school programmes can be said to create a safe, healthy, and stimulating place for school-age children and youth, while providing opportunities for participation in some or all of the following activities (NIOST Fact Sheet, 2000):

- Academic skill-building and homework help.
- Sports and physical activity.
- Exploration of special interests such as art, music, theatre, dance, computers and technology, crafts, games, etc.
- Unstructured play.



In addition to the above activities, quality after-school programmes also provide the children and youth they serve with ongoing relationships with caring adults and an environment that strengthens social skills (NIOST Fact Sheet, 2000).

## **Benefits of After-school Programmes for Participants**

Sandra Feldman (Feldman, 2000), President of the American Federation of Teachers, wrote a "holiday wish list" in which she asked for:

... more learning time for children who need it. There is accumulating research that after-school programmes, summer school, and extended days and years enable children who are behind to catch up. And added academics are not enough. Poor children need the kind of extras that advantaged children take for granted but that too many poor children don't get: sports and cultural activities - like singing in choirs, dancing, visiting museums - and going on organised excursions (no page number).

There is growing evidence from around the world that this approach is paying off. Children and youth who attend after-school programmes do better in school, and are safer and less likely to get into trouble in the hours after the end of the school day. After-school programmes often support children's social development and their relationships with adults and peers. Children who participate in after-school programmes behave better in school, have more developed social skills, and show more self-confidence as a result of the caring relationships they develop with staff and other youths in the programme. After-school participants are also in smaller classes and can take advantage of the extra time with teachers. (NIOST Fact Sheet, 2000). Additional benefits include the following:

- **Positive Feelings**

High school youths in after-school programmes exhibit more positive feelings and attitudes toward the pressures of teen life and are more willing to share their talents with the community (The Shell Education Survey, 1999).

- **Mentoring**

Campus Partners in Learning (CPIL), a mentoring programme for youth and teens, found that youth in grades four to ten who are mentored by a caring adult, exhibit improvement in self-esteem, perceived scholastic competence, and satisfaction with social skills (Jones & Brown, 1999).



- **Decrease in Risk Behaviours**

As well as supporting positive goals, after-school programmes can also lessen risk behaviours, such as drug, alcohol, and tobacco use, by providing young people with positive and healthy alternatives. The after-school hours are the time that youths are most likely to experiment with drugs, alcohol, and tobacco and engage in other unsafe or dangerous behaviours. When youth have a place to go that is staffed by caring adults, they are much less likely to engage in this kind of unhealthy behaviour. The middle school years are a time when youths are particularly vulnerable to peer pressure. By simply giving youth an alternative, after-school programmes can help steer them in healthier directions (NIOST fact sheet, 2000).

A National Survey of 10th graders in America found that, in comparison to youths who spent 5-19 hours weekly in school-sponsored activities, youths who spent no time in these activities were 75% more likely to use tobacco or drugs, 37% more likely to become teen parents, and 50% more likely to be arrested (U.S. Department of Health and Human Services, 1995).

High school freshmen were randomly selected from welfare families in four cities to participate in The Quantum Opportunities after-school and graduation incentives programme. Boys left out of the programme were six times more likely to be convicted of crime, and boys and girls left out were twice as likely to drop out of school and 50 percent more likely to have children before graduating. Youth in the after-school programme were twice as likely to continue their education beyond high school (Taggart, 1995).

After-school programmes may keep young people from committing crimes and from juvenile delinquency, and may prevent them from being the victim of violent crime. According to the Federal Bureau of Investigation, the hours immediately after school dismissal are when young people are the most likely to commit or be victimized by serious criminal acts. In the United States, the juvenile crime rate triples between 3:00 and 6:00 pm. After-school programmes can offer a safe and enjoyable place for young people who might otherwise find themselves in dangerous and unsupervised situations (NIOST fact sheet, 2000).



- **Decrease in Becoming Victims**

The Baltimore Police Department saw a 44 % drop in the risk of children becoming victims of crime after opening an after-school programme in a high-crime area. A study of the Goodnow Police Athletic League (PAL) centre in Northeast Baltimore, the first centre to open in May 1995, also indicated that juvenile arrests dropped nearly 10 %, the number of armed robberies dropped from 14 to 7, assaults with handguns were eliminated, and common assaults decreased from 32 to 20 (Baltimore Police Athletic League, 1998).

- **Improved Behaviour**

The behaviour of youths who regularly participate in Montgomery, Alabama's three Star Search after-school programmes is improving, even though discipline problems have increased for other youths. Overall, there was a 25% reduction in violence (U.S. Department of Education, 2000).

- **Sexual Abstinence**

In Plainview, Arkansas, the 21stCentury Community Learning Centres Programme implemented an abstinence programme as part of their after-school programming. This programme has resulted in no pregnancies in their high school graduating class for the first time in years. In 1998, there were six pregnancies, in 1999 there were only three, and in 2000, there were no pregnancies at the high school (U.S. Department of Education, 2000).

## **Benefits of After-school Programmes for Communities**

After-school programmes can help create true "community schools" that serve the entire community. Once communities come together to address the need for after-school programmes for children and youth, they are more likely and able to address the needs of other members of the community as well (Warren, Brown & Freudenberg, 1999). Instead of just serving children and youth, schools can become a centre for adult services as well, providing an array of services in response to community needs. For example, a school might host an adult sports league or offer classes in parenting.



## Characteristics of Youth Programmes

Research completed by Marx (1989) found that the number of children and adolescents without family supervision after school was steadily increasing. Many "latchkey" children, home alone after school, reported that they experienced loneliness, fear, and worry. Some adolescents who cared for younger siblings experienced high levels of stress and had to sacrifice the opportunity to participate in after-school activities. Some of those who "hung out" with friends were found to have joined gangs or engaged in premature sexual activity, drug and alcohol use, and other anti-social behaviour.

Because studies show benefits for poor urban youths who engage in planned after-school activities (Posner & Vandell, 1994), a number of such programmes have been implemented. They range from small projects with a single purpose, such as raising reading scores, to well-funded comprehensive programmes. In 1992 in the United States, over three million children participated in some type of after-school programme (National Study of Before and After-School Programs, 1993). These programmes share a number of characteristics which can be grouped into two broad categories: sponsorship and goals.

### Programme Sponsorship

Schools can sponsor after-school programmes. The advantages of school sponsorship include credibility, a continuity of care, and easy access to good resources day (Latchkey Guidelines, 1987). Programmes in schools eliminate the need for children to travel to a different location. The disadvantages of school sponsorship include higher personnel costs (if after-school staff salaries must be equal to teachers'), unexpected programme cuts if the after-school programme budget is tied to that of the school, and a perception by children that the programme is merely an extension of the school day (Latchkey Guidelines, 1987).

Some community and religious organizations are also qualified to implement programmes. Some operate independently, while others have a service contract with the local school district. A potential difficulty for non-school sponsors is the availability of a well-equipped site that is an easy commute from school and home. Ideally, the site would have both educational and recreational resources, sufficient rest rooms, and a kitchen. Independent after-school programmes sometimes rent school facilities.



In terms of programme funding, the Carnegie Council (1994a) specified that programmes can either be self-supporting through tuition paid by participants (possibly on a sliding scale), supported by grants and contracts, or funded through a combination of both. They found that some government agencies offer funding for after-school programmes. For example, government anti-crime programmes supported afternoon anti-gang activities and special education programmes supported remedial education. It may be possible to combine special purpose funds from several agencies to create a full-service programme. Some private foundations also fund programmes.

## **Programme Goals**

Specific goals and activities vary, but most programmes have the following general goals (Latchkey Guidelines, 1987; Marx, 1989; Brooks & Herman, 1991; What Adolescents Want, 1992; Carnegie Council, 1994b; Morton-Young, 1995):

### **1. Psychosocial Development**

To make available responsible and caring adults who offer support and guidance.

To foster the self-worth of each child and develop their self-care skills. For adolescents, to foster an age-appropriate sense of independence, and develop the ability to resist participation in premature sexual activity, substance use, and anti-social behaviour.

To develop the youth's personal and interpersonal social skills, and to promote appreciation of cultural diversity.

### **2. Educational Support**

To reinforce school day learning by integrating personalized educational support into each child's schedule.

To provide time and space for quiet study.

To provide educational enrichment activities and to spark youths' curiosity and love of learning.



### **3. Recreation**

To provide recreational and physical activities to develop physical skills and to constructively channel energy pent-up after a day sitting in a classroom.

To encourage participation in sports activities to help youth develop self-esteem and learn lessons about cooperation and conflict resolution.

### **4. Career Awareness**

To provide age-appropriate job readiness training.

To provide information about career and career training options, preferably through firsthand experiences with community business leaders and tours of local businesses.

### **5. Youth Recruitment**

Schools and districts that run an after-school programme inform parents about it in the same way as they provide other information. Independent programmes often forge a partnership with the district to promote recruitment. Letters, flyers, and announcements in local newspapers are simple recruitment tools. Materials can be supplied to local employers for dissemination; doing this may also spark programme support.

Personal contact with parents is a more effective strategy, however. Some programmes designate a staff member to serve as a "community representative" to speak personally to families about the importance of after-school activities (Brooks & Herman, 1991). Religious leaders and social service workers can also inform parents about programmes.

Programmes frequently recruit adolescents directly. Many urban youth are anxious to have a safe place to go where they will receive personal attention. They are likely to respond to the lure of good sports equipment and challenging recreational and educational activities (What Young Adolescents Want, 1992).

### **6. Parent Participation**

Parent involvement in after-school programmes is important. Even before they enrol their children, parents are asked what they want their children to learn, and what their children like to do (Youths' Time, 1994). After the children begin attending, staff tries to meet



regularly with families, personally and in meetings. Staff helps parents develop learning activities for their children at home, provides information on parenting issues, and reinforces parents' experiences with their children's school (Morton-Young, 1995). Also, communicating with parents of diverse backgrounds about their children's needs, and their child-rearing methods and expectations for their children, can prevent conflicts. It can also help staff better appreciate diversity.

## **7. Community Involvement**

Since the entire community feels the impact of youth self-care, establishing an advisory council that includes local leaders is useful. Council members with relevant skills can provide services the programme would otherwise have to pay for: specialists in child development, curriculum, public relations, and fund raising (Morton-Young, 1995). Community members can also serve as tutors, mentors, and speakers for special programs. Links with public health and social service agencies facilitate parents' use of them (Youths' Time, 1994).

## **8. Programme Staff**

Each programme usually has at least one director and several staff members. The optimal staff/youth ratio is 1 staff member to 10 to 15 children. Staff can consist of credentialed teachers, school aides, university/college youths, and community members. Some sponsors require staff to be certified by a state agency and to have completed special courses in child development, school-age care, or recreation. Bilingual staff can be helpful. Other desirable staff qualities include the following (Youths' Time, 1994; Carnegie Council, 1994b; What Adolescents Want, 1992):

Strong interpersonal, communication, and organisational skills.

Respect for and enjoyment of children.

Appreciation of children's individual needs, differences, and diversity.

Experience working with children the age of the participants.

Punctuality, reliability, patience, and flexibility.

A positive and optimistic outlook.



Most programmes provide initial staff training that covers the developmental needs of children at different ages, cultural sensitivity, creation and oversight of activities, and effective communication with parents. Programmes also supply ongoing feedback, evaluation, and support (Youths' Time, 1994).

## **9. Programme Evaluation**

A recent national survey of after-school programmes indicates that participants and their families are generally happy with them, but that the key criterion for satisfaction is simply their existence; parents are relieved that their children have a safe place to go after school. As yet, no systematic evaluation has been made of the impact of after-school programmes on children in general (National Study of Before and After-School Programmes, 1993), although studies of their impact on poor children have shown positive effects (Posner & Vandell, 1994).

Developing a mechanism for evaluating the effectiveness of a programme will help ensure that children are benefiting and that improvements are made. Statistical components include enrolment, attendance, and drop-out rates. Another useful evaluation mechanism is a review of individual participants' performance and group experiences. Youth portfolios, containing, for example, photographs, artwork, and writings, can provide information about each child's progress over time.

## **Principles for Developing After-school Programmes**

There are a number of principles that may guide the development of effective after-school programmes. I have provided the interpretation of those principles that I applied to the PAY-Namibia programme. The principles were adapted from The National Institute on Out-of-School Time (NIOST, 2000):

### **1. Provide structure with flexibility**

One of the most important things to remember in designing a programme is that youth need a balance between structured activities (such as building a model of a bridge with a group of classmates, or working with a partner to write a scene for a play) and unstructured time, where they are free to choose their own activities and partners. Most school days are highly structured, and youths need some time, particularly in the after-



school hours, to unwind and follow their own inclinations (See the special section on scheduling below).

## **2. Plan a variety of activities**

When it comes time to plan activities, one should provide a wide range of opportunities for learning. Include a mix that develops academic, social, physical, and emotional skills, while giving youths the chance to develop hobbies, skills, and interests they might not otherwise be able to explore. Community service projects, for example, can help youths cultivate positive character traits, and enhance their sense of community. The after-school hours provide an ideal time and place to get youths excited about learning to pursue their own interests, and it helps them develop self-confidence as they explore new talents in areas that may not be addressed by the regular school curriculum. One should ensure the activities offered are fun and engaging. Most youths are tired after a long day at school, and they will be best able to absorb the content of a lesson if it looks more like play and less like a traditional classroom lesson.

## **3. Give youths choices**

The programme should be structured so that youth have daily choices about how they will spend their time. This encourages them to take responsibility for their own learning, and allows the programme staff to better meet the needs of all their youths.

## **4. Provide opportunities for participant input**

By working with participants to identify activities, the participants may develop a sense of ownership of the programme and select activities that reflect their interests as they help plan and lead activities.

## **5. Pay attention to the particular needs of all the participants**

Find out about the needs and desires of participants, staff and families. This will allow one to fine-tune activities for the best possible fit with such a unique population. Are the children or youth in the programme from families who are from different cultures? If so, there could be activities that focus on exploring cultural diversity. For example, youths could prepare or bring in native dishes to share with their peers. They could talk about and play games from different regions. Staff could read or provide books to children about



what it is like to move to a new place, and the youths could follow this up by writing about their own memories of dislocation.

## **6. Pay attention to the practical limitations**

Make sure activities work within the budget allotted for the programme. Limitations also include the space and the resources available. Is there enough money to buy the materials required by the activities?

## **7. Pay attention to time, environmental, and staffing constraints**

Make sure activities work within the time allotted for the programme, and for the environment in which it will be performed.

There should be a sufficient number of qualified staff to meet the requirements of the activities. The staff need an understanding of how children develop and learn as well as the goals of the programme. The staff must understand the activity as well as have mastered a variety of teaching styles for presenting the activity to different learners.

Within the PAY – Namibia programme, I found that choices about which activities to pursue should be made with an understanding of why that particular choice was made. Choosing an activity because the youths like it, or because it is easy and fun to do is just a starting point in planning. To be an effective planner, it is necessary to develop an understanding of why you are doing a particular activity. This will help choose activities that meet the full range of youths' needs. It is very important that the youths in the programme have fun and experience enjoyment, but this should not be the sole criterion by which an activity is judged.

## **"Common Sense" Considerations**

When reflecting on how to go about designing the PAY – Namibia programme, I also drew on my past experience working with youth in other physical activity programmes. I listed a number of potential obstacles that I thought could undermine the effectiveness of the programme. These obstacles were:



- **Dynamics among the participants**

There may be challenges associated with the numbers, ages, gender, culture, etc., in terms of interaction among the youth in the programme. If any such problems are anticipated, dividing the group into several smaller groups, or planning activities that allow for a wider range of abilities may be effective.

- **Storage**

Is there space to store materials, reference works and projects still under construction? If children cannot leave a project and get back to it in the next session, that will limit the kinds of projects to consider.

- **Administration and staff**

How committed is the staff to the goals of the programme? Do all staff members feel they have a stake in its success? If the support of the administration or staff is lacking, the programme will not be successful.

- **Structure and flexibility in scheduling**

The schedule should include daily, weekly, and monthly routines, as well as time for celebrations and special events. Youth like to know what to expect, so it is important to have an established routine that everyone understands. This also allows participants to look forward to regularly scheduled events that they particularly enjoy, such as art, outdoor games, dancing etc.

The established routine must also allow a degree of flexibility. Structure is essential for making a programme work, but when youth are not in school, they need time to choose activities, explore their interests, hang out with their friends, and relax. A good schedule will include blocks of time where this is possible.

The period when youths make the transition from their school day to their after-school activities is a time when flexibility is particularly important. When adults finish work for the day, most feel the need to unwind, for some this means going for a run or to the gym. For others it means getting together with friends, or reading, or watching television. Different people have different ways of unwinding. The same can be said for children and



youth. Some youths need to run around for a while to let off steam. Others prefer to spend some time alone, or have a snack right away. Some youths just want to spend time with friends. An effective schedule recognizes these preferences, and builds opportunities for different types of transitional activities into the programme schedule.

## **Critical Events to Schedule into the Programme**

Once again, my practical experience led me to identify several critical events to include in the programme schedule:

- **Making time for snacks**

If it is possible, set up a snack area where youths can help themselves when they are hungry, rather than scheduling one set snack time. In a traditional school, youths' lunchtimes are staggered. One youth might have finished lunch at 11:30, while another didn't finish until 1:30. Having an open snack area allows youths to eat when they are actually hungry, not just because it's time.

- **Making space for homework**

If a specific time is set-aside for youths to work on their homework, one must make sure that youths who have finished their work have other quiet activities to participate in. In other words, try not to have youths choose between doing their homework and participating in an exciting new activity. Youth who do not want to do homework during homework time could be asked to read quietly until homework time is over.

- **Creating structured free time**

Use at least one block of time during the afternoon to set up activity choice "stations." Set up enough space so no station is overcrowded, and allow youths to move from one to another at their own pace. Activities offered could include such things as reading, arts and crafts, board games, extra homework help, movement or dance, etc. Youth often respond well to this form of "structured" free time.



- **Easing the end-of-day transition**

At the end of the programme day, think about scheduling more low-key activities so when children have to leave, they won't have to leave an activity that is hard to leave in the middle.

## **The Physically Active Youth Programme in Namibia (PAY – Namibia)**

The PAY – Namibia programme that I designed and implemented for this study, was a community-driven after-school programme. The programme pursued developmentally appropriate cognitive, social, physical, and emotional outcomes through a balanced programme of academic support, arts and cultural enrichment, recreation, and nutrition.

I have been involved with teaching physical education, sport and doing sport development in Namibia for many years. After Namibia gained her independence in 1990, there was a drastic decrease in the teaching of physical education throughout the country, but more so in the previously disadvantaged communities. The impetus behind this research project was my concern regarding physical inactivity, substance abuse, crime, teen pregnancy, HIV/AIDS infection and low self-esteem amongst Namibian youth. This prompted me to have informal discussions with prominent community members as well prominent government officials. Arising out of these discussions and meetings was the proposal to introduce the PAY Programme as a pilot project to deliver a physical activity programme with a holistic approach to at-risk youth.

The PAY Programme is a community-based strategy to help support and facilitate the healthy development of youth in an at-risk context in low-income neighbourhoods in Namibia. The programme addresses the physical health, academic status, personal development, and community involvement of today's youth with a commitment to improving and empowering the future of the country. By meeting the developmental needs of young adolescents, the programme may contribute a great deal towards shaping their lives positively. In addition to personal growth, effective youth programmes such as the PAY Programme make the communities of Namibia the key beneficiaries. Providing a safe, supervised after-school environment for youth helps decrease juvenile crimes, teenage sexual activity and substance abuse. The project also provides an opportunity for support and volunteerism, thereby enabling all Namibians to take ownership of the future of their communities.



The PAY Programme commenced in January of 2003 at the Multipurpose Youth Resource Centre in Katutura, Windhoek. It has received support and endorsement from the Ministry of High Education, Training, and Employment Creation, the Ministry of Basic Education, Sports and Culture, the Ministry of Women Affairs and Child Welfare and the Ministry of Health and Social Services in Namibia. With partnerships with both government agencies and the corporate community, the PAY Programme is set to expand to various regional centres throughout Namibia in the years to come.

## **Overall Project Purpose**

The PAY Programme was intended to be a preventative effort that focused on Grade 10 youth in an at-risk context, enrolled in the Namibian Secondary School System. The general aim of the programme was to provide a safe and enjoyable after-school environment that would promote the positive social values. The programme adopted a holistic approach to creating positive opportunities for Namibia's youth. A combination of physical activity, recreation, academic tutoring, self development strategies, community projects, and creative expression were identified as programme areas that could encourage participants to reach toward their potential, gain self-respect, and participate more fully and responsibly in society.

## **Objectives**

The following objectives guided the PAY programme:

1. To promote physical activity programmes, including recreational, arts, and cultural pursuits through a comprehensive family and community initiative.
2. To establish After-School Centres throughout Namibia that offer full services and a holistic approach to youth development.
3. To develop safe and healthy neighbourhoods through collaborative planning, community action, and policy advocacy.
4. To create platforms for Namibian Youth to be heard.
5. To change adult's attitudes about youth by offering more trust and less stereotyping.
6. To encourage racial and cultural harmony amongst all youths.



7. To improve educational opportunities for youths.
8. To expose youths to positive role models.

### **Outcomes to be Achieved**

The desired outcomes for learners of participation in the PAY Programme were identified as:

1. Enhanced self-esteem through involvement in physical and social activities.
2. A sense of belonging and ownership of their destiny through exposure to new, positive opportunities and experiences.
3. Improved ability to create significant, sustainable relationships in groups and individuals such as family, peers, and schools within their communities.

### **Activities to Achieve Results**

Each session was divided into different activity periods in order to ensure a holistic approach. The programme components were:

1. Physical Activity: sports, outdoor free play, organised games, field trips.
2. Academic Studies: homework support, tutoring, reading, assignments, examination preparation.
3. Development of a Positive Self Concept: behaviour guidance, developing social skills, and positive character traits.
4. Meaningful participation: community development projects, teamwork, volunteering.
5. Creative Expression: arts, crafts, creative writing, poetry, plays, musical performances.

### **Project Implementation**

The inaugural PAY Programme began to operate in January 2003. An example of the daily schedule appears in Appendix D. The programme worked in conjunction with the time periods divided by the local high schools and their academic calendar.



## **Resources Available**

The facilities at the Multipurpose Youth Resource Centre in Katutura, Windhoek were made available to the PAY Programme through the support of the Namibian Government and associated agencies. The Centre provided the necessary outdoor facilities to incorporate an effective physical activity component, and the indoor environment was suitable for the academic endeavours and development workshops.

In order to meet the needs of the programme, various resources still needed to be acquired. In addition to the material resources required for the PAY Programme to function at an optimal level, human resources were crucial. The programme required numerous volunteers to contribute to the overall development of the participants. Volunteers served as coaches, tutors, drivers, etc. During 2003, the programme was fortunate to have had to its disposal a generous pool of volunteers from the University of Namibia. These were senior youths from different departments, who generously donated their spare time to the programme.

## **Daily Activities at PAY – Progress Report**

The venue for the daily PAY programme that serves as the focus for this research, was the Multipurpose Youth Resource Centre in Katutura. The Programme ran from January 2003 through to November 2003 daily from Monday to Friday starting at 14h00 and ending at 17h00. The goal was to spend four days a week focusing the classroom time on academic support and lessons while on Fridays we would try to create a more relaxed atmosphere, hosting workshops on dance, bracelet making, HIV/AIDS, etc. One of the major focus points of the programme was the hour of physical activity this programme afforded these youth at the end of each day. The Sports Complex boasts netball courts, a basketball court, a tennis court and soccer pitch which we use to run a variety of sports and activities.

What we observed after a 10-month programme with these youth was that the PAY Programme routine seemed to instil a sense of discipline in the youth. This was observed in the way the participants gradually needed less supervision and were more inclined to arrive at the programme and initiate their own studying and learning. The youths were extremely punctual, always arriving before the start time to prepare themselves for the daily lesson. The PAY Programme never experienced any discipline problems with our youth, and we



attributed this to the fact that youths were extremely motivated and focused on their personal development.

Another outcome of the daily programme was the increase in self-esteem and development of a positive self-concept we witnessed in many of the participants. At the inception of this programme, many of the youth were very quiet and timid. After a year of the PAY programme, we believe we witnessed a transformation. The participants now speak more freely and openly about their thoughts and feelings. They seemed to have developed more confidence in both their academic and athletic abilities.

The participants became more interested in participating in physical activity, which was evident in that many of the female participants lost weight and the male participants developed more muscle mass. In addition to the physiological and physical changes noted after a year of participation in the PAY Programme, we also noted that many of our females became more competent in their athletic abilities. There was also a small transformation in the participant's attitudes about sport. Whereas in the beginning many of the youth (particularly the females) were not keen on the sport component of PAY, but towards the end, the youth were begging for more and more sport time per day. When asked what her favourite memory from the PAY Programme was, Hilaria (one of our regular female participants) revealed that the sport was what kept her going throughout the year.

### **The Role of Volunteers**

From the onset of this programme, the University of Namibia (UNAM) volunteers have served as the backbone of PAY. The volunteers, who consisted of local Namibian youths as well as international youths, offered their expertise and service to the programme on a regular basis throughout the year. The UNAM youths not only acted as academic tutors and sport coaches, but also as mentors and role models. The youth participants loved their interactions with the volunteers and looked to them for guidance in many areas. Due to the versatile backgrounds of our many volunteers, our participants were exposed to many different cultures and ways of life. Following the rich interactions between our participants and the volunteers, the youth were increasingly inspired to work hard in their studies and break beyond the limits of Katutura.



## Special PAY Events

The following special events were included in the PAY programme:

### 1. Etosha – an environmental education tour.

This excursion marked the first special weekend event for the PAY programme and involved all the PAY participants. This weekend was the first time that the group had to interact away from home and their regular routines. They were required to work in teams and learn about each-other in an unfamiliar environment. The weekend was designed to effectively introduce our outdoor education component and expose our young learners to an environment outside of Katutura. The weekend taught the participants about how to camp in a sensitive environment and leave no trace of human impact after their time in Etosha. This involved teaching them how to build fires, cook in the out of doors and how to clean without harming the environmental surroundings. The highlight of this excursion was the animal identification component, which exposed our participants to elements of African wildlife that they had never seen before.

### 2. Sports Festival – August 19<sup>th</sup>, 2003

On August 19<sup>th</sup> 2003, the PAY programme with support from the UNAM SRC (youths representative council), hosted a one-day sports event at the University campus. 70 grade ten pupils from Jan Jonker Afrikaner School participated in friendly soccer, hockey, basketball and netball matches throughout the day. There were 6 coed teams that faced off against each other in the morning and afternoon sessions, encouraging cooperation and teamwork between the females and males in the PAY program. This day could not have been possible without the support of the youth volunteers who performed roles such as officiating games, supervising children, fetching speakers and other necessary equipment, organizing the lunch and snacks, and many other important tasks. Despite some minor logistical problems, organisational loopholes, delays with getting the day off to a prompt start, and the dilemma getting the approval of our requisition from the SRC, the sports day was a huge success and the feedback from the children was very positive.

### 3. Swakopmund Motivational Weekend – September 12<sup>th</sup> - 14<sup>th</sup>, 2003

Towards the beginning of the third term, the PAY programme recognized that the grade 10 participants were feeling quite disillusioned with their second term exam results. As a



means of boosting the spirits of our participants and in preparation for the final term of school, we organised a motivational weekend in Swakopmund. The weekend included debating seminars, a community development project for our youth at the house of safety orphanage, drama productions, a team building challenge at Dune 7 and life skills workshops. The community development component of this weekend was very special as our youth were given the opportunity to mobilize themselves to do something nice for others. They raised about N\$500 between them and donated it to the children at the orphanage. In addition to this donation, the PAY youth performed a number of gospel songs and helped lead the Sunday school lessons for the orphans at the House of Safety. The weekend was an enormous success and we found that the same youth who attended the weekend were the same youth who remained committed to their studies and to the programme until the end of the term.

#### 4. Kicking AIDS out (KAO) Sports Festival – November 8<sup>th</sup>, 2003

The goal of the *Kicking AIDS Out* festival was to provide an opportunity to the invited youth from across Windhoek to participate in a co-educational sports tournament at the UNAM sports fields. In the case of this tournament, sport was utilized as vehicle through which health messages about HIV and AIDS could be more effectively transmitted to the youth. On the day of the event, not only did youth participate in sports but they were also provided with the opportunity to compete in HIV and AIDS specific games. Following the completion of each specific KAO game, there was an interactive debriefing session to discuss the impact of HIV and AIDS on Namibian youth. Finally, a representative sample of youth were asked to speak at the closing ceremonies to share with the entire group and audience the impact of the day and what they felt they learned as a result of their participation in the KAO festival.

### **Sustainability**

The key to developing a sustainable project is to not only involve the community, but also to educate the community. With this in mind, the PAY programme included these features to promote sustainability in the future:

- Public consultation was initiated to discuss ways of developing physical and recreational activities in communities. This consultation was done in conjunction with the youth. This



enabled us to develop strategies that demonstrated the value of physical activity and recreational services to these specific youth, parents and community.

- The project not only looked to any one agency or group of agencies, but rather the "whole" community. The leveraging of resources through linkages and partnerships with other organisations was very important.
- To be accepted by the youth, the people planning and running the programme were trained specifically in youth issues. Volunteers were trained to communicate with and empower youth to look after their own needs. While youth need the opportunity to provide their own leadership, they also received some adult supervision and guidance.
- In communities where the After-School Centres will be established in the future, it was agreed these centres must provide a variety of integrated services, including educational and career counselling (HIV/AIDS and other health information, drug and alcohol education). As such, partnerships with schools, churches, recreational agencies, the police and other youth organisations are essential.
- The physical activity programme was structured in such a way that the youth could participate at any time after school and during holidays. Rigid timetables, rules and organisation are not conducive to youth in an at-risk context. Youth want to participate in physical activity for fun and experience. The programme offered youth the opportunity to "hang out", learn to share, be part of a group, be both leader and follower, and to feel that they had contributed and made a difference.
- Although youth in an at-risk context are interested in both structured and unstructured services, many prefer unstructured ones. These range from passive to active, individual to team, indoor to outdoor, and soft to hard outdoor adventure. The traditional focus on competitive team sport and services for youth was expanded to include a wider range of activities, particularly ones that were non-traditional.

For the PAY programme to grow and expand efficiently in the future, substantial commitment is needed from all partners involved. However, I believe that the long-term benefits far exceed the actual costs of the programme. In this regard, the future of the programme it is not only about having financial resources, but it also is about providing a vision and a voice for the less fortunate youth of Namibia. It encompasses representing the



youths' interests at the inter-ministerial forums, and working with other sectors to support physical activity initiatives. It is also about working as an active and supportive partner with various non-profit and private partners within the youth service sector globally and in Namibia and thus building stronger, healthier, and more vibrant individuals, families and communities.

## **Challenges Faced Throughout the Year**

Many of the challenges we faced throughout the programme year were overcome slowly. As a grassroots programme in its infant stages, we were trying to address the logistical problems quickly so that next year's programmes could operate more efficiently. The greatest challenge we met was with transport. Transport as a limiting factor affected both volunteers and participants. Most of the participants lived more than 10 km away from where the programme was hosted and were forced to walk home in the early evening. This was particularly dangerous for our young female participants in the winter months when it grew dark early. As a result of this reality, the programme had to allocate taxi fare to its dedicated participants.

Our youth volunteers from UNAM were transported daily from UNAM campus to the Youth Centre in Katutura. In cases where the University was unable to provide us with transport, the volunteers were able to make use of taxis. Although transport became more reliable and frequent as the year progressed, it is our feeling that the PAY Programme would have operated more efficiently if we had had our own vehicle. This vehicle would not only have guaranteed the transportation of our volunteers but could also have been used to transport some of our participants during the winter months and those who live quite a distance from the centre. Lastly, transportation costs encountered while running errands in town, soliciting funding and visiting schools could have been reduced by the service of a PAY vehicle.

Another major challenge we encountered with the PAY Programme was the academic background (or lack thereof) of our participants. We discovered that most of our participants barely met Grade 7 standards in their Mathematics and English. As a result of their poor foundation in these subjects, their performance in all other subjects suffered greatly. This deficit meant that both the volunteers and participants were forced to work in overdrive for many months to try and prepare for the year-end exams. As the final exams grew near, the



picture was bleak as there was too much ground to cover in too little time. Although we remain confident that many of our participants gained the necessary confidence to start believing in their ability to learn, the hurdle of instilling the desire and the knowledge in these youth so that they could pass their exams was beyond what we anticipated at the beginning of the year. However, after a year of the PAY programme we now feel that we are better prepared to re-design a programme that complements the specific academic needs of our participants.

The final, but most pressing challenge faced by the PAY team was the lack of financial support we received from the local community. Unfortunately, Namibian businesses have failed to commit themselves financially towards this programme aimed at positive youth development (with the exception of those businesses already mentioned). As an example of the limitations we have faced due to lack of funding, we can look to the recent lunch initiative started during exam preparation. During the intense studying schedule for the final exams, youths were with us from 10h00 until after 17h00. Many of the youth were arriving without having eaten breakfast and could not last until 17h00 without lunch. This added pressure to our devastating financial situation, and we were left to use our final dollars to purchase bread, butter and jam to provide the youth with enough energy to last the day. Despite these strains, we have not given up hope and are relying on the generosity and support from our business community in the coming fiscal year.

Finally, to many people and institutions in Namibia, the concept of an after-school programme is foreign. Our public schools meet for only 6 hours per day, leaving up to 25 unsupervised hours per week between the time that children get home from school and parents who work full-time come home from work. Unsupervised children show a much greater risk of behaviour problems, including anti-social behaviour, delinquency, and failing in school. Research demonstrates that most delinquent behaviour occurs in the after-school hours from 14h00 to 18h00.

Our findings from the pilot project that will be reported in the following chapter, indicated that an after-school programme is one viable approach to helping resolve some of the problems of at-risk youth. Beyond academic outcomes, learners in the programme were found to have developed new skills and interests, showed healthier social adjustments, including increased self-confidence and conflict-resolution skills, and exhibited greater



cooperation with adults and peers. These learners showed a decrease in at-risk behaviours and had fewer discipline problems. They also displayed higher aspirations for the future.

To summarise, the programme created opportunities for young people to connect to others, develop skills and utilise those skills to contribute to their own development as well as the development of their community. As with other positive youth development initiatives, the PAY Programme was involved shifting away from concentrating only on problems, towards concentrating on strengths, competencies, and engage in self-development as well.

## **Conclusion**

This chapter was primarily a description of the PAY – Namibia programme that was implemented as part of this research. Because after-school programmes are attracting increased attention as a means for addressing some of the problems encountered by at-risk youth.

There is a growing demand in Namibia for quality after-school programmes. This demand is partially in recognition of the benefits that after-school programmes can have for children and youth. It is also a result of fundamental changes that have taken place in the way families work and live, which has left many of our youth without supervision and the opportunity to participate in a variety of activities. Despite the fast-growing need for these programmes, there is a chronic shortage of quality after-school programmes available to the youth, families and communities who need them. The next chapter, Chapter Four, will present a description of the research methodology used to answer the research questions that guide this study. The results of the study in relation to the specific Research Questions will then be presented in Chapter Five.



## **CHAPTER FOUR**

# **METHODOLOGY**

It was difficult to decide how to go about answering the Research Questions formulated to guide this study. Field-based research in Namibia is not conducive at this time to experimental or quasi-experimental designs. The dynamic political and socio-economic conditions in the country make it almost impossible to guarantee the integrity of control and experimental groups, the adherence to schedules for interventions, and the reliability of measurements. For these reasons, I decided to follow a descriptive research approach and administer a questionnaire to the participants from two townships outside of Windhoek (N=305). Then, I identified a small sample of at-risk youth from one of the townships, to include in a small pilot version of the PAY-Namibia programme (described in Chapter Three). I was able to complete pre- and post-test measurements on this small group (N=35). This chapter describes the design and procedures followed in this research.

### **Research Design**

A research design is defined as "a set of guidelines and instructions to be followed in addressing the research problem" (Mouton, 1996:107). The process of deciding upon a research design is dependant upon a number of factors. Thomas and Nelson (2001) acknowledged that while in some disciplines, particularly within the natural sciences, the research designs are largely pre-determined, in Sport Science this is not the case. They describe how the interdisciplinary nature of the body of knowledge in Sport Science ranges from the natural science to the social sciences to philosophy. Because the body of knowledge is interdisciplinary, the research designs to discover that knowledge are inclusive of the methods embraced by all disciplines. This diversity in acceptable approaches to research leaves the investigator with the responsibility of matching the research design to the research problem. If the research is applied research in a field setting, decisions taken concerning the research design also will have to consider the time and money required for the study (Cohen & Manion, 1989; Mouly, 1978).

For the purpose of this study, it was decided to follow a descriptive research design for both gathering information about lifestyle and at-risk behaviours. The design for the



intervention programme was also descriptive, despite my hope that it could have been structured as a quasi-experimental design with a control group (Thomas & Nelson, 2001). In an experimental design, the researcher manipulates what the subjects will experience. The researcher has some control over what will happen to the subjects by systematically imposing or withholding specified conditions. The researcher then makes comparisons either between subjects who have either had and others who have not had the intervention, or between subjects who have experienced different conditions. Experimental designs also have a particular purpose in mind: to investigate cause-and-effect relationships between manipulated conditions and measured outcomes (Gratton & Jones, 2004).

In non-experimental designs there is no control group. Rather, the investigator makes observations or obtains measures from subjects to describe something that has occurred to them (Thomas & Nelson, 2001). Since I was not able to identify a control group for this study, a descriptive design was chosen for this research, which employed the questionnaire method for gathering quantitative data from the large group of youth. A health-related fitness assessment instrument and a questionnaire about grades/marks earned during the year, were used for the collection of quantitative data about the participants' physical condition and academic performance.

The different methods for collecting quantitative data vary in the degree of control or structure that is exercised by the researcher (McMillan & Schumacher, 1997). The decision to use a questionnaire for data collection was based on the capacity of a questionnaire to gather quantitative data. As a result, objectivity is maximised by using numbers and statistics to process the data.

## **The Questionnaire**

Questionnaires are used for a wide variety of purposes and researchers have a choice between simple descriptive, cross-sectional and longitudinal approaches. Questionnaires can describe the frequency of demographic characteristics or traits held, explore relationships between different factors, or delineate the reasons for particular practices. Usually, questionnaires are designed so that information about a large number of people (the population) can be inferred from the responses obtained from a smaller group of subjects (the sample) (Kerlinger, 1973; Mouton, 2001). Questionnaires are also frequently used in educational research to describe attitudes, beliefs, opinions, and other types of information



- 12-minute run to measure cardiovascular endurance.
- One-minute push-up test to measure upper body muscular endurance.
- One-minute sit-up test to measure abdominal muscular endurance.
- Sit-and-reach test to measure flexibility.
- Height, and weight measurements to determine body mass index (BMI).

Scores on a physical fitness test can be meaningfully interpreted in several ways. Three ways of interest to people are norm-reference evaluation, criterion-referenced evaluation and improvement in performance.

### **Norm-referenced Evaluation**

For many years, fitness test data has been used to develop percentile tables for boys and girls of all ages. A percentile represents the percentage of people who score at or below your performance. The comparison is typically made to specific, well-defined reference group (e.g. 10-year old girls, 11-old boys, senior males over the age of 60, women between the ages of 40 and 49, etc.). Using these specific groups, test developers identified norms (percentiles) as standards for the interpretation of test results (Safrit, 1989).

There are advantages and disadvantages to norm-referenced (percentile) standards. The primary advantage is that students can learn how they compare with other children and youth in the group from which the standards were created (e.g. their own age group, gender, etc.). The primary disadvantage is that the standards are based on the actual levels of performance of children and adolescents, rather than the levels they ought to achieve. Another disadvantage is that percentiles serve to discourage students whose fitness levels are moderate or low, as measured by the test, even though the fitness levels of those students may be adequate when viewed in another context, such as health or some specific sports performance (Thomas & Nelson, 2001).

### **Criterion-referenced Standards**

With criterion-referenced evaluation, a standard is determined which is related to a specific criterion, which in this study was identified as health-related fitness. Using the 1-Mile Run Test as an example, if an adolescent girl runs the mile in 9 minutes, what does this mean in terms of her health status? The 1-Mile Run Test is used to measure aerobic capacity. Does



her performance put her at a low, medium, or high level of risk for cardiac disease? There is evidence from adult populations that people with higher levels of aerobic capacity have a lower risk of cardiac disease (Blair, 1993; Blair, Kohl, Gordon & Paffenbarger, 1992; Powell, Thompson, Caspersen, & Kendrick, 1987). We also know that even young children can show signs of cardiac disease, e.g. atherosclerotic changes (Moller, Taubert, Allen, Clark & Lauer, 1994). Unfortunately, the criterion score at which the girl in our example can be confident she is at a low risk for cardiac disease, is not yet known, and it is not recommended that adult criteria be used for interpreting the scores of adolescents.

When dealing with health-related fitness, the criterion is typically set above the level at which disease, a disease risk factor or some other health problem is considered to be present. The standards are typically set through a combination of expert judgement and the relationship between test scores and the criterion measure found in previous research. The President's Council on Physical Fitness and Sports' (PCPFS, 1999-2000) Presidential Physical Fitness Award is a criterion-referenced award where participants must achieve the 50<sup>th</sup> percentile on each test item to receive the award.

### **Improvement in Performance**

Another way of interpreting test results is to look at the improvement in performance from one test administration (pre-test) to another (post-test). One difficulty in this approach is reliability. If a student's score increases (or decreases) by a small amount, the change might be due to measurement error or, in cases where a number of months pass between pre- and post-tests, changes might be due to maturity. Another difficulty is interpreting whether or not changes are significant. If the initial score was poor, a significant improvement is easier to attain than if the initial score was very good. If students are aware that the instructor looks for improvement, they might be tempted to perform poorly on the initial test so that their improvement looks much better at the second testing period (Thomas & Nelson, 2001).

Improvement in performance was the approach adopted in this study for the interpretation of the impact of the intervention programme on health-related fitness.



## **Procedures**

### **Population and Sample**

#### **Participation in the PAY Programme**

Participants for the PAY programme pilot project was selected from Grade 10 learners of Jan Jonker Afrikaner Secondary School in Katutura who were identified by their teachers as being at-risk of not passing their Grade at the end of the year, and in all likelihood not being promoted to Grade 11. They were also identified as being "not physically active". The reason why this particular school was selected was due to its poor Grade 10 results. Thirty-five subjects, 10 male and 25 female, were recruited from this school for participation in the PAY-Namibia programme. Consent to implement this research was provided by the Ministry of Basic Education, Sport and Culture (Appendix A). Informed consent for the youth to participate in the pilot project was sought from the youth and their parents (Appendices B and C). Access was obtained from the Ministry of Higher Education, Training and Employment Creation to use the facilities at the Multi-Purpose Youth Complex, which is situated 500 metres from the school in Katutura.

#### **Respondents to the Questionnaire**

The population identified for collection of data with the questionnaire was composed of Grade 10 learners in 10 Senior Secondary Schools in Katutura and Khomasdal, both low-income and marginalised communities in Windhoek, the capital of Namibia. This research was initially designed to rely on a probability sampling approach. This type of sampling approach is often preferred because the researcher can calculate the relationship between the sample and the general population. This approach requires that the respondents are part of a captive population and a random sample needs to be selected on the basis of known probabilities. However due to challenges which arose from the random selection of students, it was necessary to employ a non-probability approach.

It became difficult to use a probability sampling approach in local schools because the Ministry of Basic Education, Sport and Culture insisted that only students that wanted to participate in the questionnaire should. Due to the fact that the random sampling had previously been done from the entire Grade 10 learners at the particular schools it became difficult since some students that were selected did not want to participate in the study. Given



the timeframe and the issue of accessibility, some schools found it necessary to select students who wanted to participate in the questionnaire, but had not been pre-selected in the random selection process, thereby negating the researcher's ability to proceed with a random probability sampling process. A sample of 305 learners (10%) was drawn from the defined population to respond to the questionnaire.

### **Establishing Validity and Reliability of the Questionnaire**

Prior to the start of actual data collection, a session was conducted during June, 2003 at a secondary school in Katutura to test the validity of the questionnaire. Particular focus was placed on test questions that were new to the respondents. The investigator with the assistance of a staff member from the School first reviewed the questionnaire and discussed possible modifications in language. Then the questionnaire was used in data collection sessions with youth. The youth were asked to look for vague or confusing instructions, inconsistent questions or answer categories, incomplete or redundant sections, and poor pace, tone, flow, and format of questions. The teachers noted the amount of time needed to complete the questionnaire and determined that it could be completed in approximately 30 minutes. After adjustments were made based on the feedback from the teachers and the youth, the questionnaire was considered to have sufficient face validity to be ready for use.

The reliability of the responses on the questionnaire involved the administration of the questionnaire twice to the same group of 30 students at Jan Jonker High School. There was a period of 14 days between the two sessions. A correlation coefficient of .80, was calculated between the responses on the two versions of the questionnaire, which was interpreted to be an acceptable standard for reliability.

### **Data Collection – the PAY Programme**

To assess the subjects' initial levels of health-related fitness, the fitness test was administered at three intervals to assess the health-related fitness of the subjects over a period of one year: as a pre-test, approximately half-way through the programme, and as a post-test.

The intervention programme was the PAY-Namibia Programme, completed within one academic year. During the year, there were three periods when data was collected (April, August and November) to determine the participants' health-related fitness and to record their academic performance. Fitness was measured using the AAHPERD Youth Fitness Test



Protocol (1989). Academic performance was recorded as each student's mark in 10 different school subjects.

The programme was periodically adjusted to meet the needs of the participants. The group of 35 participants were encouraged to participate in all of the activities offered. The programme was conducted from 14:00 to 18:00 Monday through Friday. It had the following components in its daily schedule:

- Physical Activity.
- Academic Tutoring.
- Development of a Positive Self-concept.
- Community Development.
- Creative Expression.

### **Data Collection – the Questionnaire**

The questionnaire was administered during August, 2003. To obtain access to the schools, written permission was obtained from the Regional Director within the Ministry of Basic Education, Sport and Culture, and from principals of the identified schools. Appointments were scheduled at the various institutions. At each school the researcher explained the purpose of the study to the principals, teachers and learners. He further explained to the learners that they would remain anonymous and therefore had no reason to be dishonest. Learners were then asked to respond individually and in writing to the questionnaire. Questionnaires were completed while the researcher waited to collect it. Data were collected from the institutions immediately after the completion of the questionnaire.

### **Ethical Considerations**

In order to ensure that the rights of the participants in the PAY Programme were respected, the following principles were applied:

- Disclosure.

Participants and their parents/guardians were informed about the objectives of the programme and the nature of their participation. Participants were given the opportunity to ask questions about the programme at any time.



- Confidentiality and Professionalism.

The interactions between the investigator, staff and participants in the programme were conducted in a professional manner. Staff received initial training to ensure that they understood that their relationship with each participant was to be a professional one, and that any discussions about participants were to be kept confidential.

- Inclusion.

The participants were encouraged to provide feedback to the staff and the investigator about how the programme could be modified to better suit their needs.

In order to ensure that the rights of the respondents to the questionnaire were respected, the following principles were applied:

- Disclosure.

Participants and their parents/guardians were informed about the objectives of the questionnaire. Participants were given the option of “not answering” items on the questionnaire, if they did not want to.

- Anonymity.

Names of respondents were not recorded and the investigator collected all questionnaires to ensure that no one could identify which respondent had completed which questionnaire.

## **Data Analysis**

All the data was prepared for computer entry and processed at the Department of Statistics, Faculty of Science at the University of Namibia by using the Statistical Package for Social Sciences (SPSS). For the data gathered from the questionnaire descriptive statistics were used (frequencies and percentages) to analyse the learner's responses. The open-ended questions were manually transcribed and interpreted qualitatively. Since an important part of the study involved personal experiences, opinions and suggestions from the respondents, the qualitative data was compiled separately. Various two-way contingency table analyses were



used to evaluate whether a statistical relationship exists between two variables. The Pearson chi-square ( $\chi^2$ ) statistic gave an indication of the strength of the relationship.

For the fitness tests, percentiles were used to represent the data and statistical calculations were based on three test results. One-way repeated-measures analyses of variance were used to establish whether the physical activity programme had a positive effect on the participants. The Wilks Lambda statistic gave an indication of the improvement over time for the participants. For the academic data the same procedure was followed to establish whether there was an improvement in academic performance. The academic results were also processed for each subject of the learners.

For a comparison of the fitness improvement (%) and academic improvement (%) a bivariate correlation test was performed to determine whether there existed a significant correlation between the various improvements in fitness measurements and the improvement of each academic subject.

## Conclusion

The shape of the PAY programme was moulded to the community and its resources in Katutura. The youth requested to help in the planning process, especially in areas that involve the activities. This confirmed that we value and trust the participants in the programme by giving them certain responsibilities. Youth, their families and communities were involved in the development of the project. Initial contact and meetings with youth and some family members allowed for discussion about programme choices. Family involvement in the programme is important to its success. Parents/guardians were updated continually about the programme and asked how their children were progressing.

The data for the PAY programme was collected using a standardised health-related fitness assessment instrument and a collection of academic records from the school. Comparisons were made between pre- and post-test scores in order to gain insight into the effectiveness of the PAY programme. The data for the description of the current situation regarding risk factors affecting Namibian youth was collected using a questionnaire. The results of the data collection and analysis are presented in the next chapter.



## CHAPTER FIVE

# RESULTS AND DISCUSSION

Following the introduction to this study provided in Chapter One, Chapter Two presented a review of literature that identified the key risk factors that contribute to the development of at-risk behaviours in youth. A look at the potential of physical activity programmes to address some of those factors was also included. Chapter Three provided a description of the PAY – Namibia programme that served as the intervention programme in this study and Chapter Four was a description of the methodology and procedures followed in this research. This chapter presents and discusses the results of the study following data collection and analysis, organised to answer the four research questions identified in Chapter One.

Of the 305 participants in this study, 174 (57%) were female and 131 (43%) were male. The ages ranged from 14 to 23 years old, with the majority of the participants between the ages of 15 and 18 years (see Figure 3). It must be noted that although 305 questionnaires were distributed, not all participants responded to all the questions.

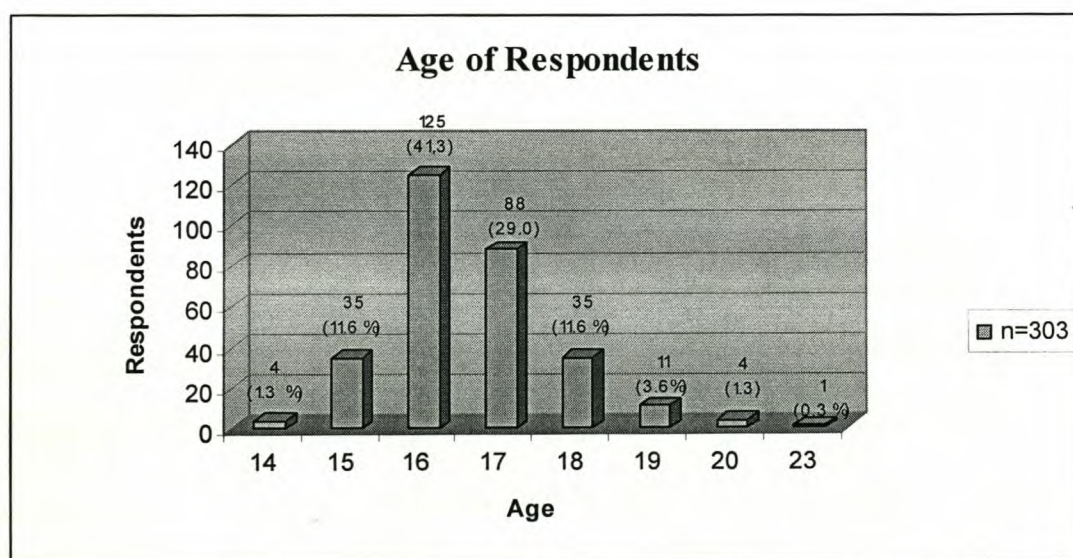


Figure 3

Ages of respondents



## Effects of Participation in the PAY Programme

Research Question 1. What are the outcomes of a physical activity programme on the health-related fitness of youth in an at-risk context in Namibia?

Fitness tests were conducted three times during the programme. Statistical calculations were based on comparisons between the first and the last test results. The second test administration was used to provide feedback to the programme planners regarding progress in the development of fitness. Wilks Lambda = 0.607 ( $p=0.001<0.05$ ) established that there was a statistically significant improvement in the cardiovascular endurance of participants, as measured by the twelve-minute run. These results are illustrated in Figure 4.

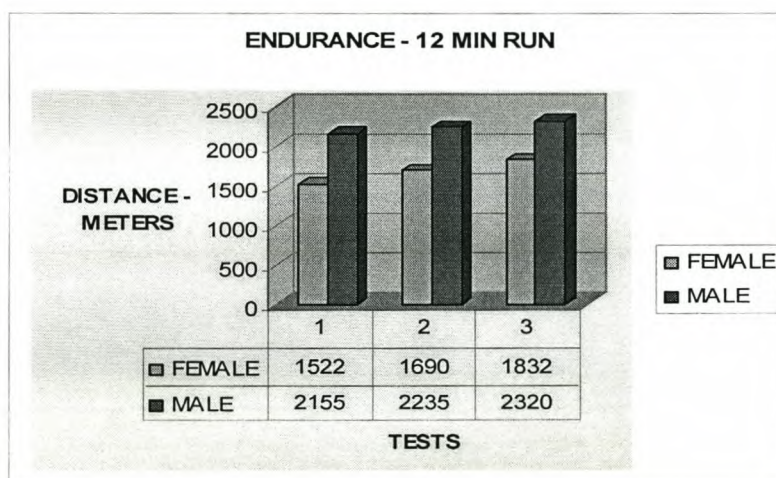


Figure 4

Cardiovascular endurance – 12-minute run

Wilks Lambda 0.793 ( $p=0.001<0.05$ ) shows that there was a statistically significant change in the push-ups over time. As seen in figure 5, there was a statistically significant improvement in upper body muscle endurance.



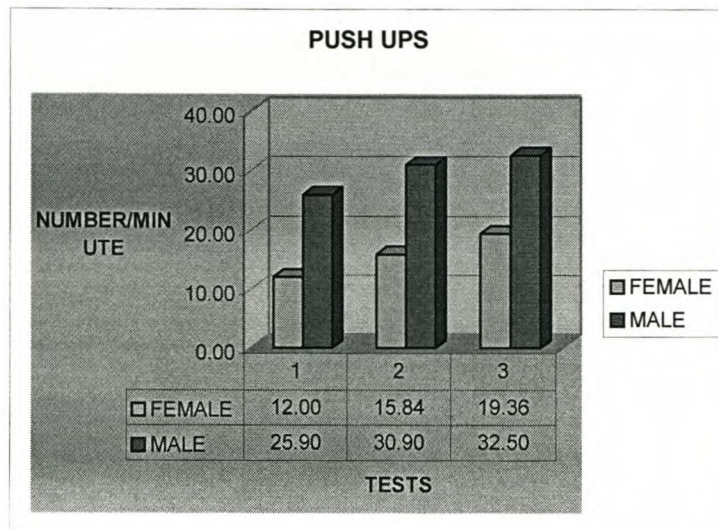


Figure 5.

## Upper body muscular endurance – One-minute push-up

Wilks Lambda = 0.552 ( $p=0.001<0.05$ ) established that there was a statistically significant change in sit-ups over time, indicating an improvement in abdominal muscle endurance (see Figure 6).

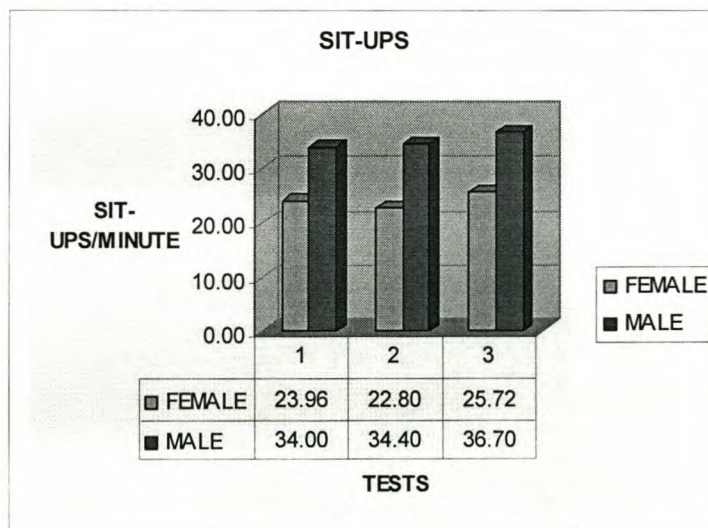


Figure 6

## Abdominal Muscular Endurance - One-Minute Sit-Up

Wilks Lambda = 0.377 ( $p=0.001<0.05$ ) shows that there was a statistically significant change in flexibility over time. This can be seen in Figure 7.



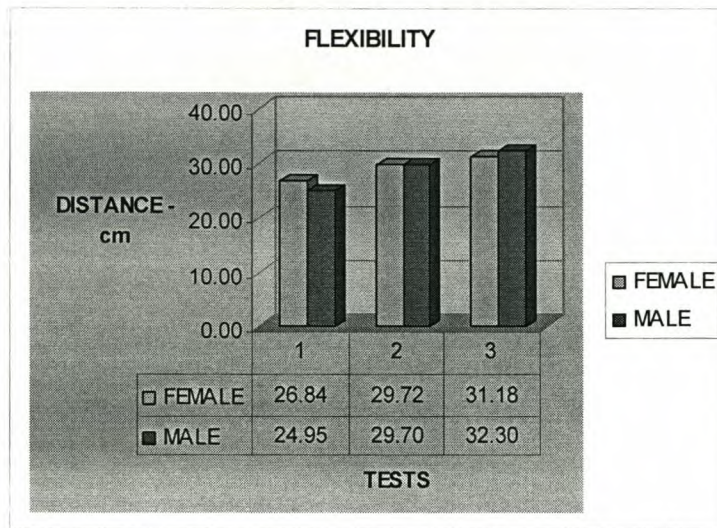


Figure 7

Flexibility – sit-and-reach

Wilks Lambda = 0.824 ( $p=0.041 < 0.05$ ) led to the conclusion that although there was a change in the Body-Mass Index (BMI), it was not statistically significant (see Figure 8).

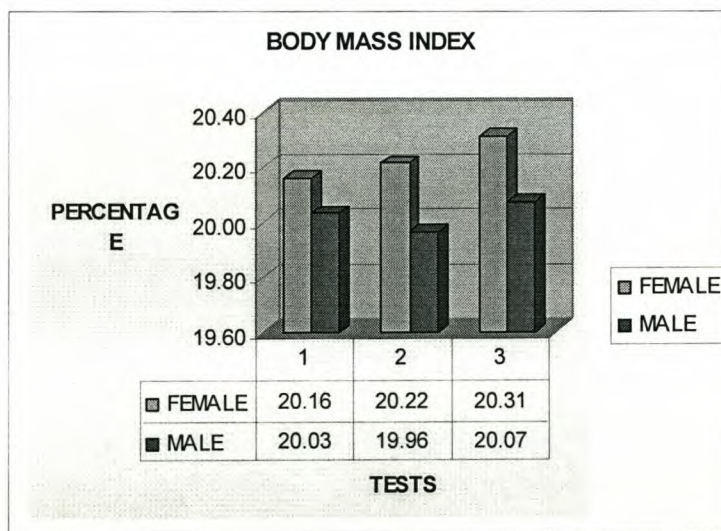


Figure 8

Height and weight Assessment- Body mass index

## Discussion of the Effects of the PAY Programme on Physical Fitness

Results from the research corroborated existing literature that stated regular physical activity can improve aerobic fitness (Morrow & Freedson, 1994). Research also indicated that regular physical activity contributes to skeletal health (Bailey & Martin, 1994) and can help



reduce obesity (Bar-Or & Martin, 1994). While the level of benefit can depend on the kinds and amount of activities, it is generally recognised that moderate bouts of activity throughout the day can be beneficial. The benefits for children lie in the fact that physical activities can help control childhood obesity, lower elevated blood pressure and improve children's overall health and growth (Ewing et al., 1996). A group of preschoolers tested both before and after engaging in an eight-week aerobic session indicated that those who had participated in the activity had significantly increased their cardio-vascular fitness and motor agility, as well as improved their self-esteem (Offord et al., 1992). Children who fall behind in these types of skills find it difficult to catch up to their peers (Thibault, 2000).

Short-term responses to exercise may be beneficial in reducing risk factors for some youth. For example, exercise can reduce anxiety, post-exercise blood pressure, muscle tension, and can serve as an effective tranquillizer, particularly in mildly hypertensive adolescents (McKay et al., 1996; Reid et al., 1994).

There is a significant relationship between physical activity and health-related physical fitness. Ross and Roberts (1999) suggested that the impacts and benefits of recreation on children and youth relate to the overall improvement of their general health and well-being. Participation in recreational activities can also contribute to an improved level of quality of life. Participating in sports, joining clubs or groups, and taking music, dance or art lessons are examples of ways in which young people can participate in their community, learn new skills, and socialize beyond their family boundaries. In addition to building healthy bodies and acquiring valuable skills, children's involvement in cultural and recreational activities can protect them from emotional and social problems (Ross & Roberts, 1999).

The health benefits of physical activity for the general population are well established. For children and youth, the health benefits are equally important. While the level of benefit can depend on the kinds and amount of activities (in this case, we are referring primarily to physical activities), it is generally recognized that moderate bouts of activity throughout a child's day can be beneficial. The benefits for children lie in the fact that physical activity can help control childhood obesity, lower elevated blood pressure and improve children's overall health and growth (Ewing, Seefeldt & Brown 1996).



Physical activity has been associated with a reduction in chronic disease risk-hypertension, type 2 diabetes, high blood lipids, cardiovascular disease, and obesity. Even among children and adolescents, physical activity can; (Physical Activity and Health, 1996):

- Prevent or delay the development of hypertension.
- Reduce blood pressure in those young people who already have hypertension.
- Lower risk of colon cancer.
- Increase bone density.
- Reduction of anxiety, improvement in body image and mood.
- Development of physical fitness.
- Promotion of weight control through caloric expenditure.

Despite the evidence linking physical activity during childhood to later health outcomes, physical education programmes have slowly been eroded during the two decades (Tremblay, et al, 1996). Some educators and parents believe that spending time during school hours on physical activity inhibits children's chances of success in academic pursuits.

## **Impact on Academic Performance**

Research Question 2. What are the outcomes of participation in a physical activity programme on the academic performance of youth in an at-risk context in Namibia?

The following figures (9 to 14) illustrate the academic results for both males and females during the April, August and November examinations during the year 2003. All the scores were added to arrive at an academic average. Wilks Lambda = 0.724 ( $p = 0.001 < 0.05$ ) established that there was a statistically significant change in academic average over time. Although the mean percentage dropped a little in the August examination, it improved in the November examination.



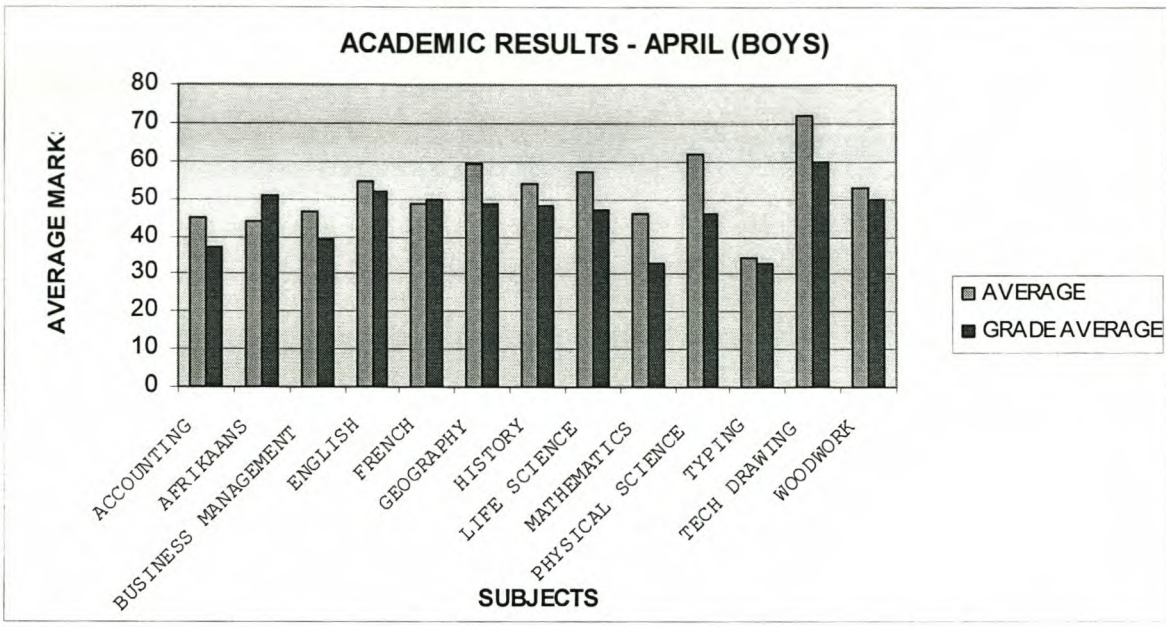


Figure 9

Academic Results of April 2003 (Boys)

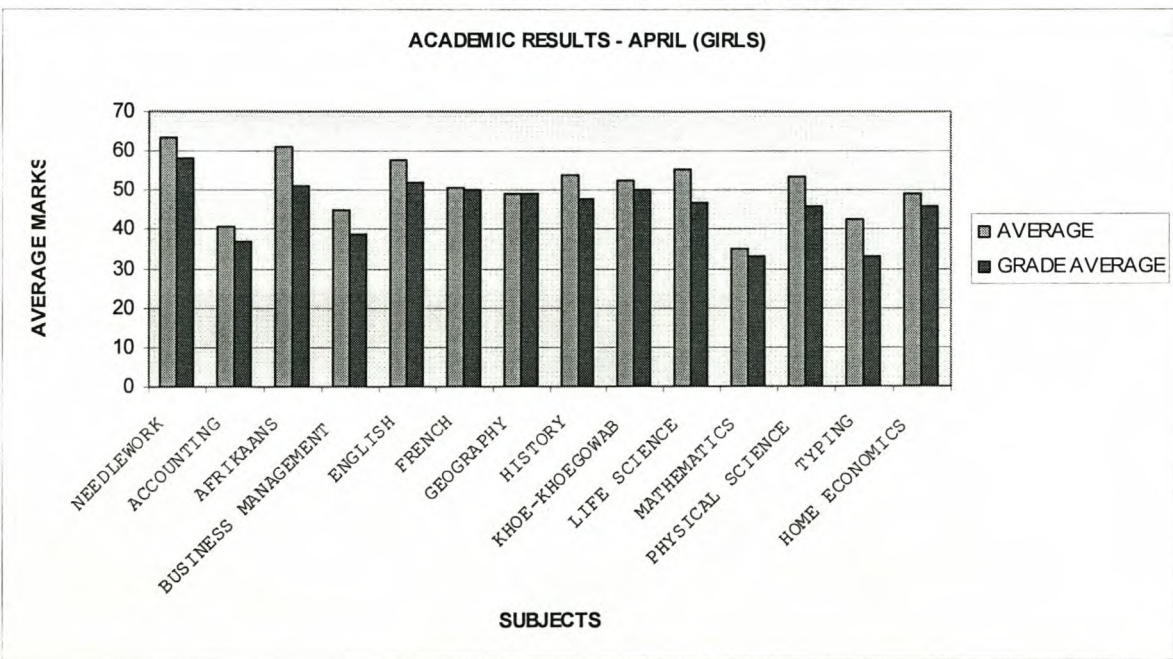


Figure 10

Academic Results of April 2003 (Girls)



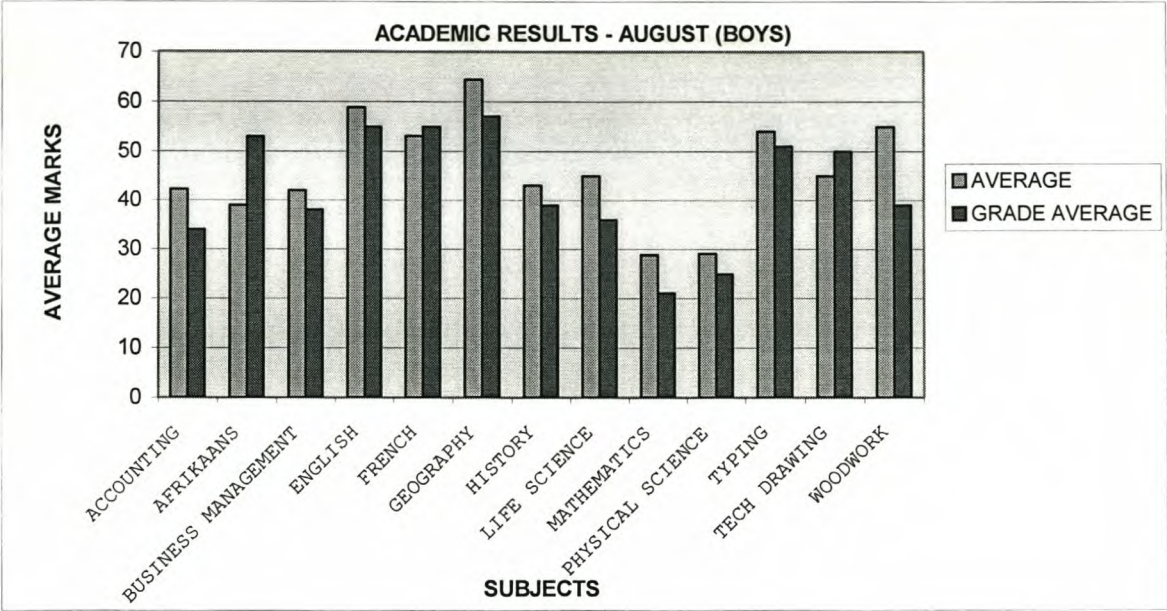


Figure 11

Academic Results of August 2003 (Boys)

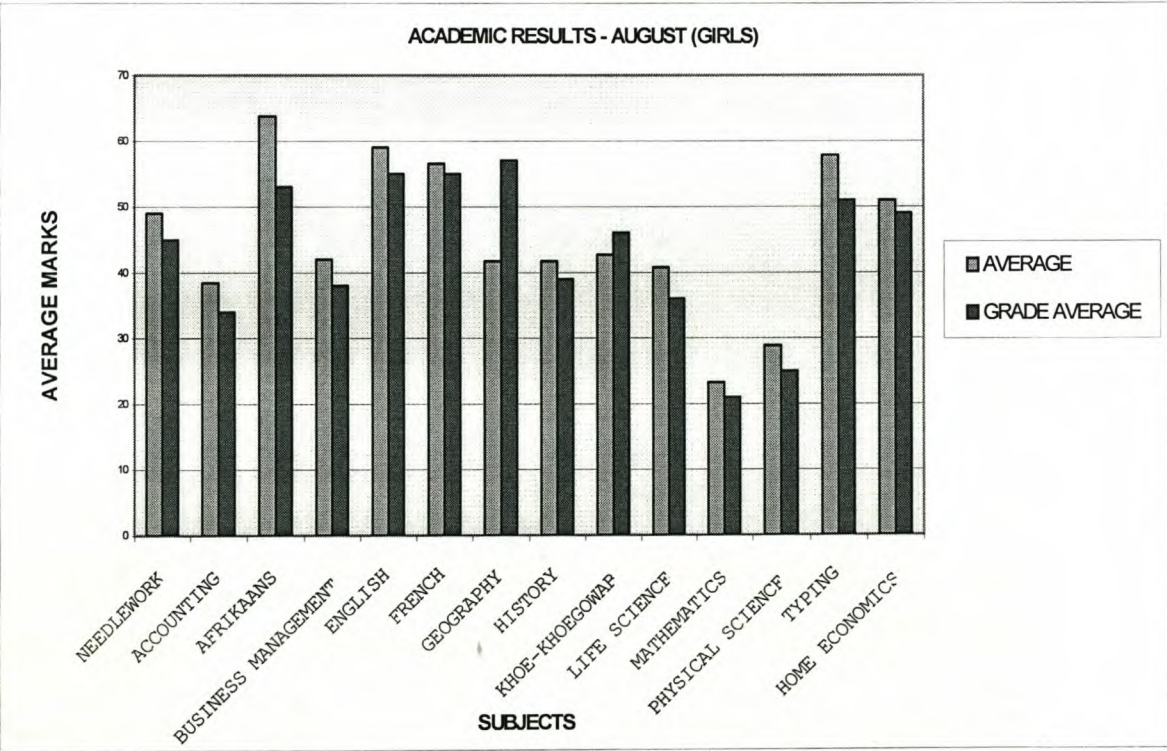


Figure 12

Academic Results of August 2003 (Girls)



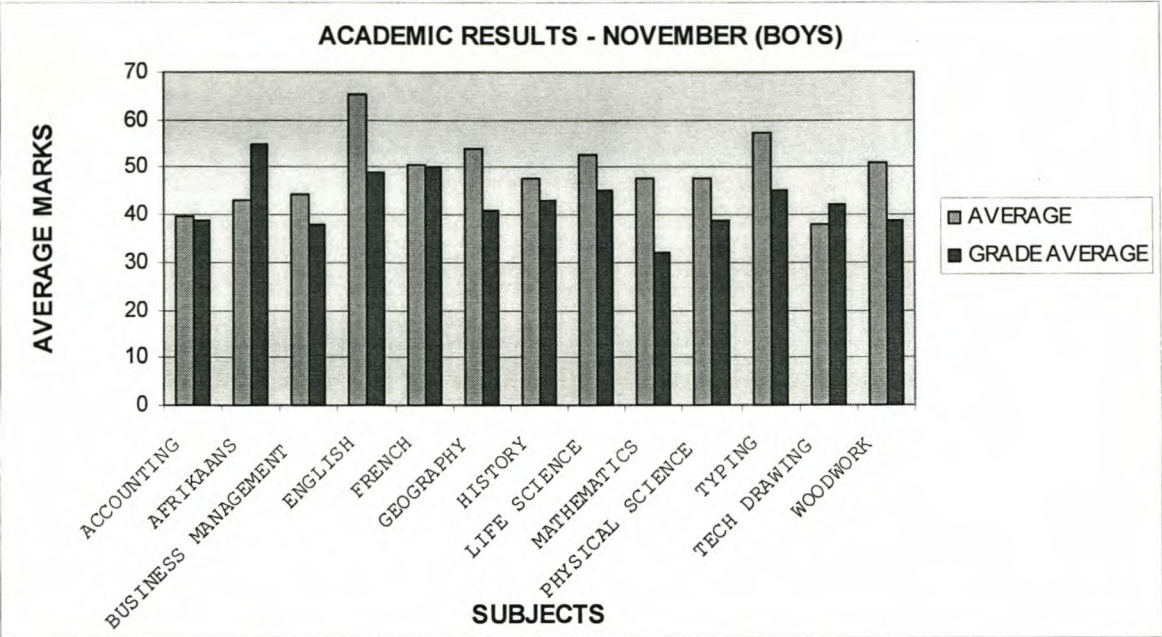


Figure 13

Academic Results of November 2003 (Boys)

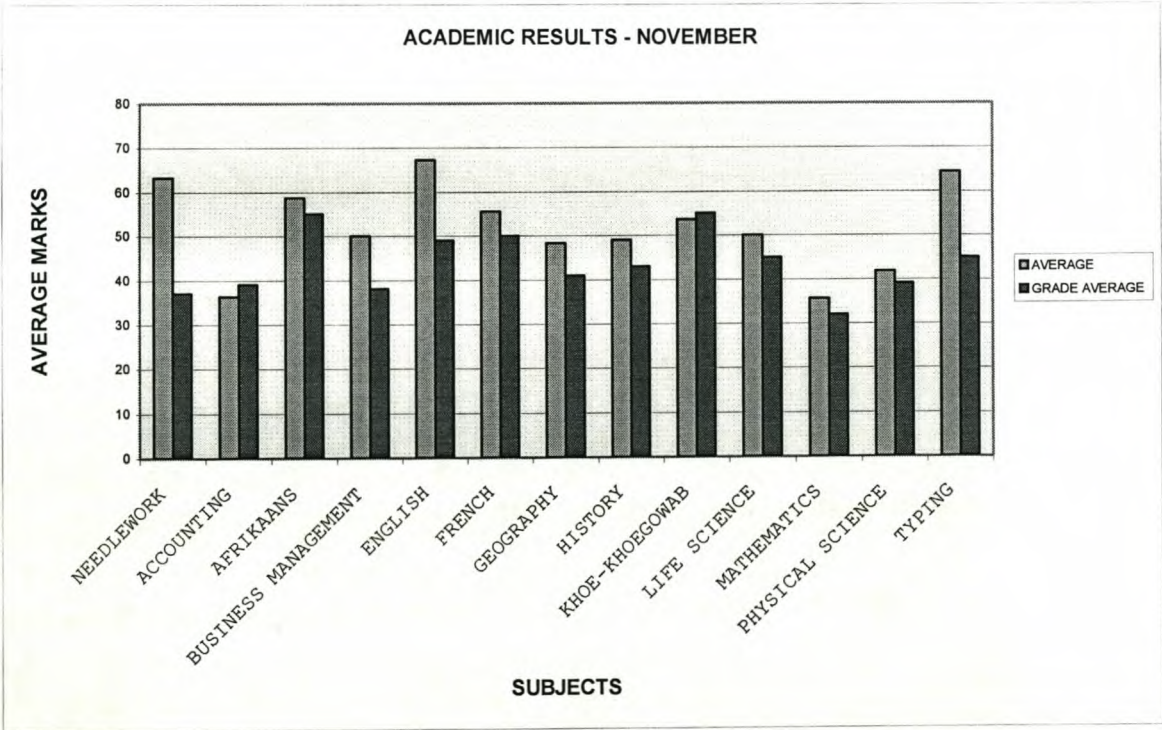


Figure 14

Academic Results of November 2003 (Girls)



When each subject area was considered separately and correlated with fitness test scores, only one significant correlation was found (between the twelve minute run and an improvement percentage in History,  $r = 0.451$ ;  $p = 0.007$ , as can be seen in Table 1).

Table 1: Correlations between fitness scores and academic subjects

		% improve in history	% improve in English	% improve in maths	% improve in geography	% improve in 12 minute run	% improve in BMI
% improve in history	Pearson Correlation	1.000	.294	-.059	.051	.451	.182
	Sig. (2-tailed)	.	.087	.737	.770	.007	.296
	N	35	35	35	35	35	35
% improve in English	Pearson Correlation	.294	1.000	.269	.030	.079	-.101
	Sig. (2-tailed)	.087	.	.118	.865	.653	.564
	N	35	35	35	35	35	35
% improve in maths	Pearson Correlation	-.059	.269	1.000	.101	-.066	.044
	Sig. (2-tailed)	.737	.118	.	.563	.707	.804
	N	35	35	35	35	35	35
% improve in geography	Pearson Correlation	.051	.030	.101	1.000	.086	-.100
	Sig. (2-tailed)	.770	.865	.563	.	.623	.567
	N	35	35	35	35	35	35
% improve in 12 minute run	Pearson Correlation	.451	.079	-.066	.086	1.000	-.097
	Sig. (2-tailed)	.007	.653	.707	.623	.	.580
	N	35	35	35	35	35	35
% improve in BMI	Pearson Correlation	.182	-.101	.044	-.100	-.097	1.000
	Sig. (2-tailed)	.296	.564	.804	.567	.580	.
	N	35	35	35	35	35	35

\*\* Correlation is significant at the 0.01 level (2-tailed).

## Discussion of the Impact on Academic Performance

Considering past research, it was surprising that no significant correlations were found between improvements in fitness and improvements in academic performance (except between aerobic endurance and history. With respect to children, research has consistently demonstrated moderate to high association between cognitive or academic performance and motor performance. That is, children who perform well on motor tasks are also well on academic tasks (Canadian Fitness and Lifestyle Research Institute, 1995).



Furthermore, studies indicated that participants who participated in an aerobic (daily running) programme achieved higher levels in reading, language and mathematics. Thus participants showed positive effects from the physical activity programmes on their performance and academic achievements in terms of memory, observation, problem-solving and decision-making, as well as significant improvements in attitudes, discipline, behaviours and creativity (Keays & Allison, 1995).

Based on their work, McKay et al. and Reid et al. have concluded that physical activity can have a positive impact on family-related, peer-related, and school-related issues and that these impacts can significantly influence a child's and youth's social development and transition to adulthood (McKay, Reid, Tremblay & Pelletier, 1996; Reid, 1994). These authors suggest that physical activity provides an opportunity to create a positive and voluntary connection to the educational system. Their findings are consistent with outcomes of the PAY pilot project in Namibia that reduced the likelihood of dropping out by 20% for the participant group (Witt, 1996). The perceived benefits of recreation in fostering resiliency in at-risk children and youth – in this case, the at-risk group included young people living in poor urban neighbourhoods – has also been explored.

The participants in this study had been identified by their teachers as being “at-risk” for failing their final year examinations. Although their academic performance was consistently higher than grade average, it was still anticipated that most of them would not be able to pass. Not only did the participants maintain their “above grade average” performance, but they also were able to achieve a 91% pass rate in the final examinations. There was one particularly troubling situation regarding the mathematics. The PAY programme participants achieved an increasingly lower average over the course of the year. This is particularly distressful when it is realised that their performance in math remained higher than their peers. Clearly there is a crisis in mathematics that must be addressed.

Quality after-school programmes by using the positive youth development approach can incorporate the supports and opportunities necessary for young people to succeed both developmentally and academically. Some of the most desirable features of learning environments – such as intrinsic motivation, flexibility, and multiple learning arrangements – are characteristics of quality after-school programmes (National Research Council, 2002).



## Lifestyle of Youth

Research Question 3: What is the current situation concerning the lifestyle of youth in an at-risk context in Namibia in relation to:

- Living Arrangements and Curfews?
- Neighbourhood?
- Safety and Contact with the Police?
- General Health and Sleeping Habits?
- Nutrition and Perceptions about Weight?

### Living Arrangements and Curfews

The participants were asked to describe their current living arrangements (Table 2). Only 43.7% of the participants were living either with both their natural parents or with a natural parent and a step-parent, and 36.3% were living either with just their mother or their father. Approximately 20%, either lived with relatives, friends, a group home or are supported by government or living on their own (thus self-supporting).

Table 2: Current living arrangements of participants

Living Arrangements	Frequency (n= 300)	Percentage
At home with both natural parents	87	29.0%
At home with natural parent and step parent	44	14.7%
At home with mother	90	30.0%
At home with father	19	6.3%
With relatives	48	16.0%
With friends	3	1.0%
In a group home	6	2.0%
On own with government support	1	0.3%
On own self-supporting	2	0.7%
<b>TOTAL</b>	300	100.0%

In terms of curfews, the participants were asked what time they must be home on weekdays (see Figure 15) and on weekends (see Figure 16). Although the majority (74.2%) of the participants had to be home by 9 p.m. on weekdays, almost 26% could stay out after 9 p.m. or had no curfew. The participants reported that the time they must be home on



weekends was slightly later, with approximately 45% of the participants reporting that they did not have to be home before 10 p.m. or that they did not have a curfew on weekends.

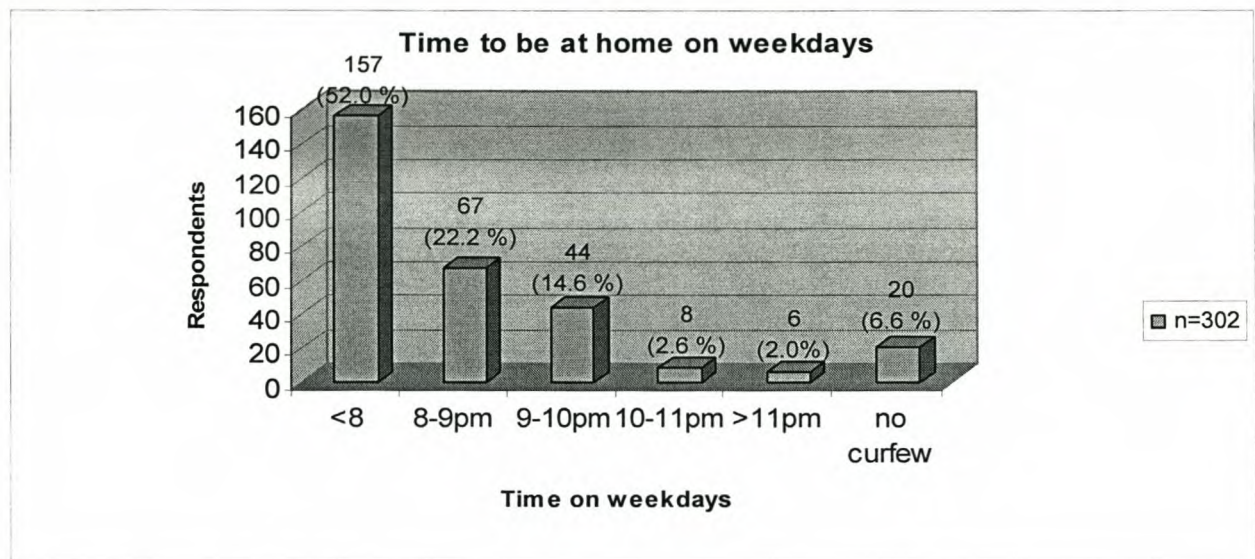


Figure 15

Reported weekday curfews for participants

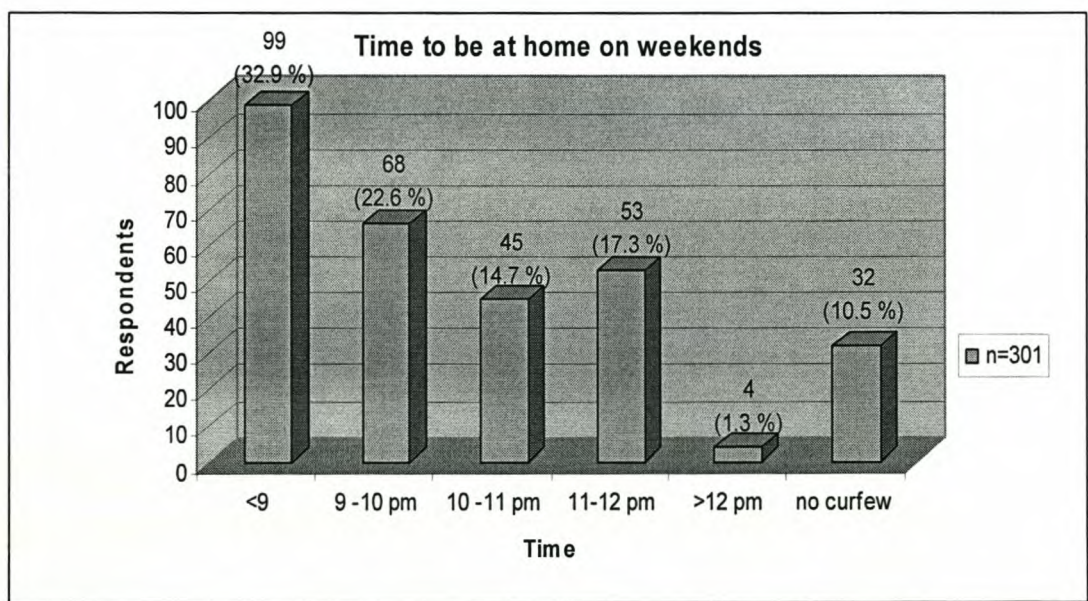


Figure 16

Reported weekend curfews for participants



Neighbourhood

The participants were asked what they thought were the "good things" about living in their particular neighbourhood. As seen in Table 3, more than 75% of the participants stated that the friendliness and helpfulness of the people in the neighbourhood was "good".

Table 3: Good things about their neighbourhood

Good Things about the Neighbourhood	Frequency (n= 242)	Percentage
Friendly and helpful people	182	75.2%
Same languages	13	5.4%
Cheap housing	16	6.6%
Services	8	3.3%
Hanging out with the gangs	1	0.4%
All parents believe in discipline	1	0.4%
Peaceful and quiet	21	8.7%
<b>TOTAL</b>	242	100.0%

Table 4 illustrates the "bad things" of the neighbourhood. Almost 90% of the participants reported that the crime and noise, especially from shebeens, as well as alcohol abuse were the bad things of their neighbourhood.

Table 4: Bad things about the neighbourhood

Bad Things about the Neighbourhood	Frequency (n= 211)	Percentage
Crime and noise and shebeens	66	31.3%
Noise	21	10.0%
Alcohol abuse	102	48.3%
Gossiping	20	9.5%
Crowded	2	0.9%
<b>TOTAL</b>	211	100.0%

The participants were asked what changes they would make in their neighbourhood if given the opportunity. Table 5 illustrates that 108 participants (64.7%) indicated that they would clean up the neighbourhood. Almost 25% would want to reduce nightclubs and the noise levels in their neighbourhood.



Table 5: Changes desired in the neighbourhood

Changes Desired in Neighbourhood	Frequency (n= 167)	Percentage
Cleanliness	108	64.7%
Reduce nightclubs and therefore noise	41	24.6%
More playgrounds/sports grounds	18	10.8%
<b>TOTAL</b>	<b>167</b>	<b>100.0%</b>

### Safety and Contact with the Police

The participants were asked how their neighbourhood compared to other neighbourhoods. As seen in Figure 17, just over half of the participants (53.7%) felt that the crime rate was lower in their neighbourhood than in other neighbourhoods in the city.

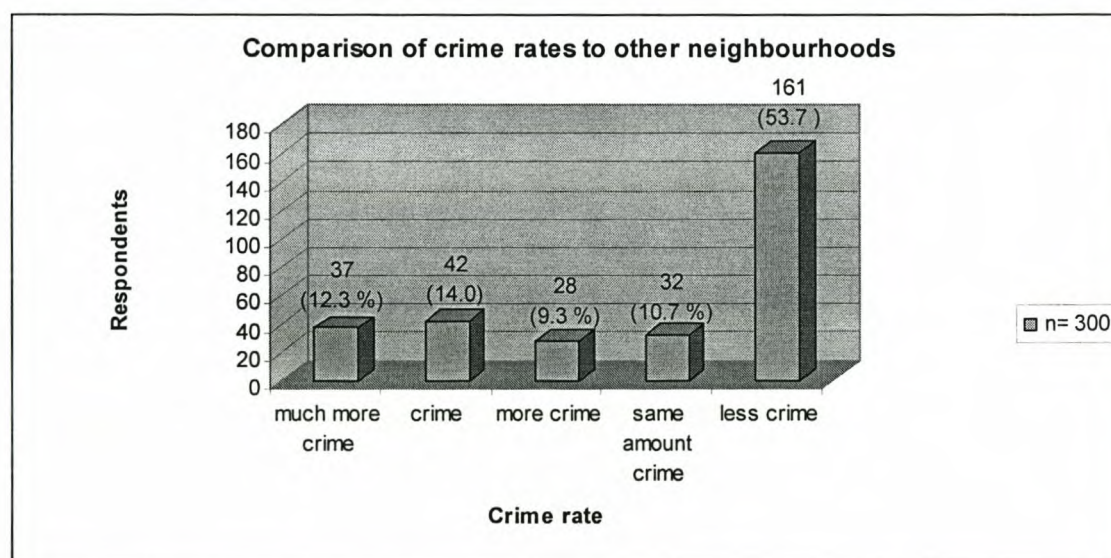


Figure 17

Participants' opinions of how the crime rate in their neighbourhood compares to other neighbourhoods in the city



Table 6 shows how safe the adolescents felt in their neighbourhoods, both during the day and after dark.

Table 6: Participants' opinions about levels of feeling safe during the day and after dark in their neighbourhood

Level of Feeling Safe	During the day		After dark	
Very safe	119	39.1	35	11.5
Safe	107	35.2	79	26.0
Somewhat	39	12.8	63	20.7
Unsafe	19	6.3	70	23.0
Very unsafe	20	6.6	57	18.8
<b>TOTAL</b>	304	99.3	304	99.3

Of the 298 participants who responded, more than half (159) had heard of violent activities directed at young people in their neighbourhood. Table 7 illustrates the types of violent activities directed at young people.

Table 7: Types of violent activities

Types of Violent Activities	Frequency (n= 131)	Percentage
Home violence	86	65.6%
Beating	25	19.1%
Club fights	6	4.6%
Stabbing	2	1.5%
Street fights	12	9.2%
<b>TOTAL</b>	131	100.0%

Only 40% of the participants felt comfortable talking to the police, as seen in Figure 18. Only 17.3% of the participants has had contact with the police during the past year. Table 8 illustrates the reason why youths had contact with the police.



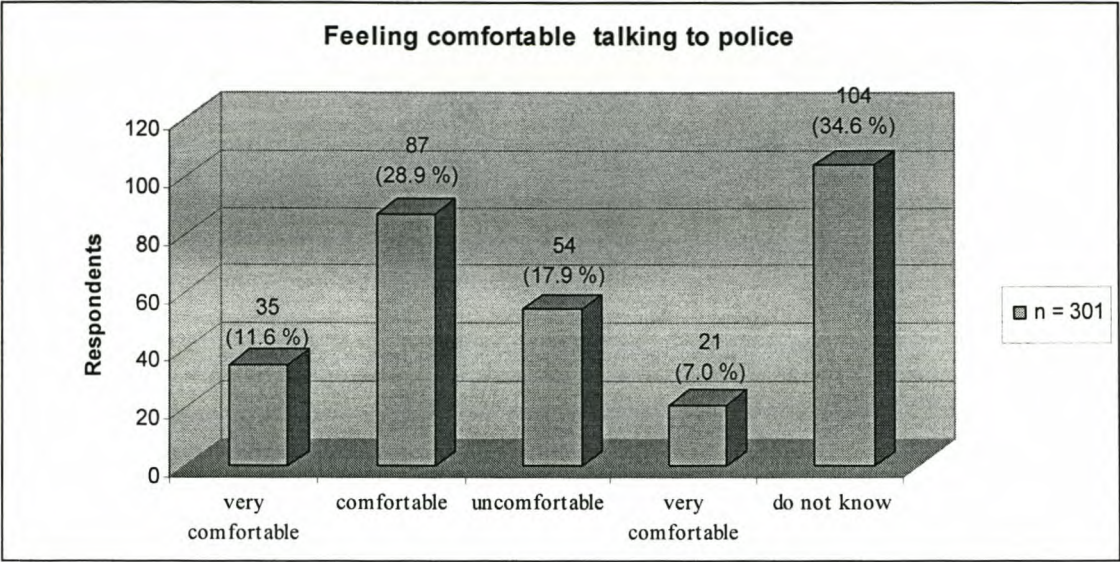


Figure 18

Comfort levels of participants when talking with police

Table 8: Reasons for contact with police

If yes, what was the reason?	Frequency (n= 50)	Percentage
Theft of property at home	35	70.0%
Car accident	10	20.0%
Rape case	3	6.0%
Trespassing	1	2.0%
Assault	1	2.0%
<b>TOTAL</b>	131	100.0%

When asked for suggestions on how to stop vandalism in neighbourhoods, 82.8% of the participants mentioned that more police officers should be deployed in neighbourhoods.

General Health and Sleeping Habits

The participants were asked what "being healthy" means to them, thus their concept of health. Of 257 participants, 71.6% indicated a person that is mentally and physically fit, as seen in Table 9.



Table 9: Participants' concept of being healthy

Concept of Being Healthy	Frequency (n= 257)	Percentage
Mentally and physically fit	184	71.6%
Fresh body	11	4.3%
Eating healthy	50	19.5%
Not getting ill	10	3.9%
Using a condom	2	0.8%
<b>TOTAL</b>	<b>257</b>	<b>100.0%</b>

The participants were asked how their health was in general, when compared to other persons (see Figure 19). Almost three-quarters (73.1%) of the participants felt that their health was good or excellent, and 15.7% of the adolescents reported that their health was fair or poor.

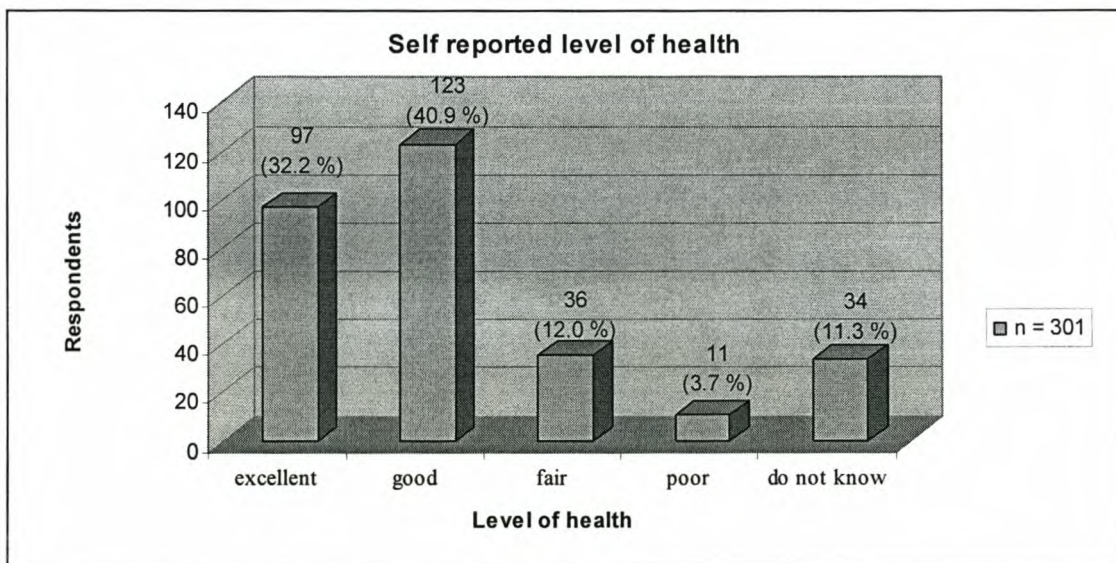


Figure 19

#### Participants' self-reported level of health

Only 21 (71%) of the participants reported that they had a chronic illness. Of these individuals 3 indicated that they suffered from asthma and 3 were diabetic.

Participants were asked how many hours they sleep per night (see Figure 20). Even though the majority of participants (71%) reported that they slept 7 or more hours per night, almost one third (29%) got fewer than 7 hours of sleep per night.



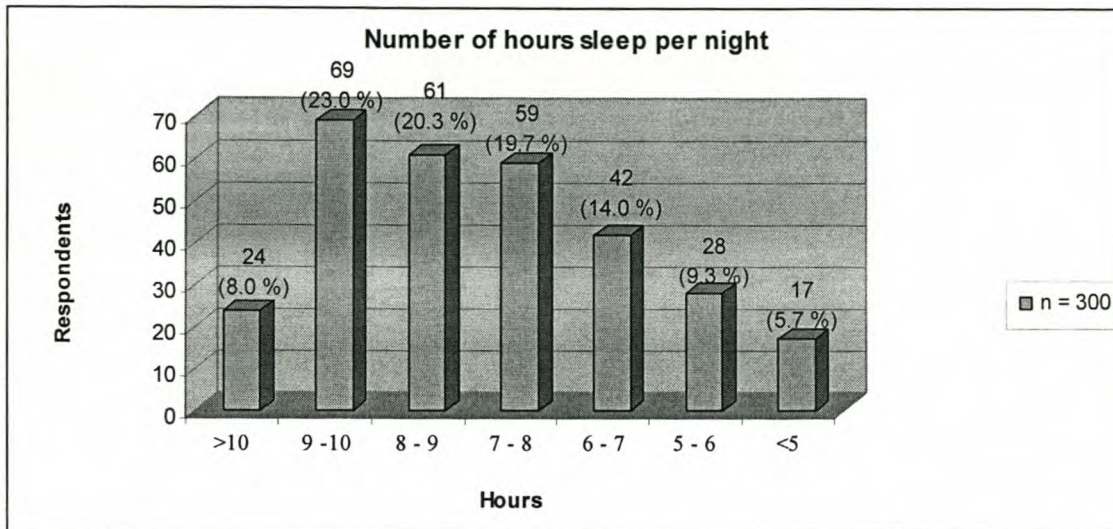


Figure 20

Reported number of hours sleep per night by participants

Figure 21 shows how often the participants reported that they felt rested when they woke up in the morning. It is important to note that only 14.4% almost never felt rested when they woke in the morning.

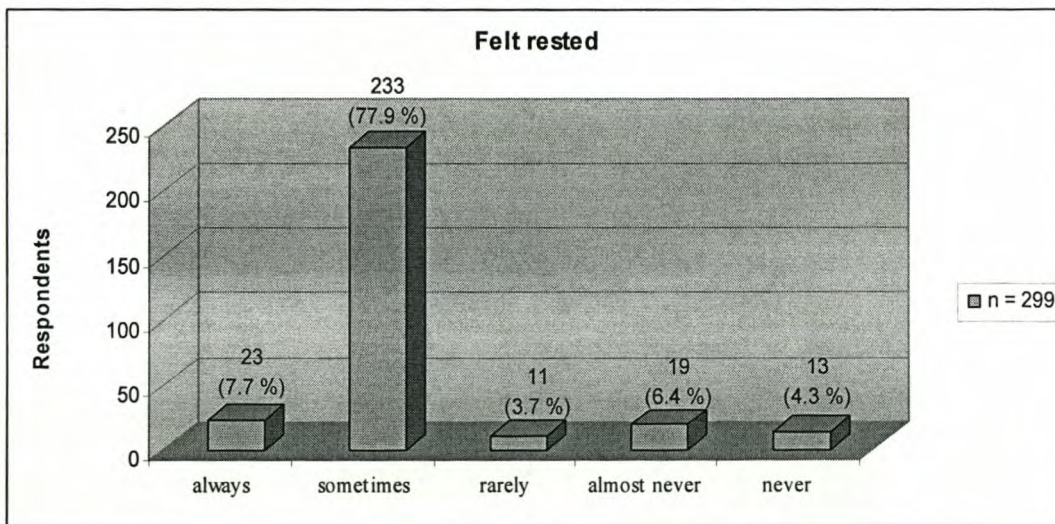


Figure 21

How often participants felt rested in the morning

When asked how often they had difficulty sleeping, 58.9% reported always or sometimes, with only 26.5% almost never or never having difficulty sleeping (see Figure 22).



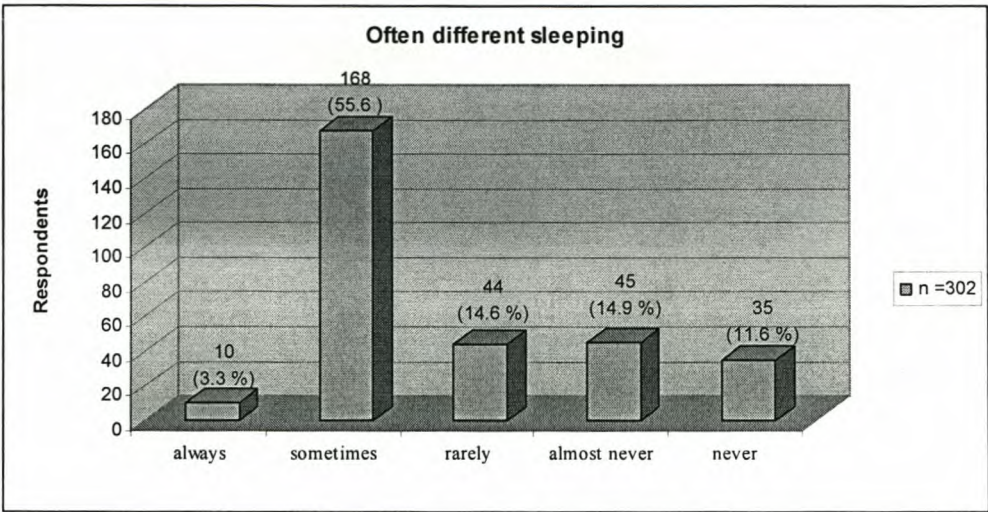


Figure 22

How often participants had difficulty sleeping

Nutrition and Perceptions about Weight

The participants were asked if they could improve their overall health by changing their eating habits (see figure 23). Over 60% of the participants felt that they could, while the remainder of participants disagree to some extent or didn't know.

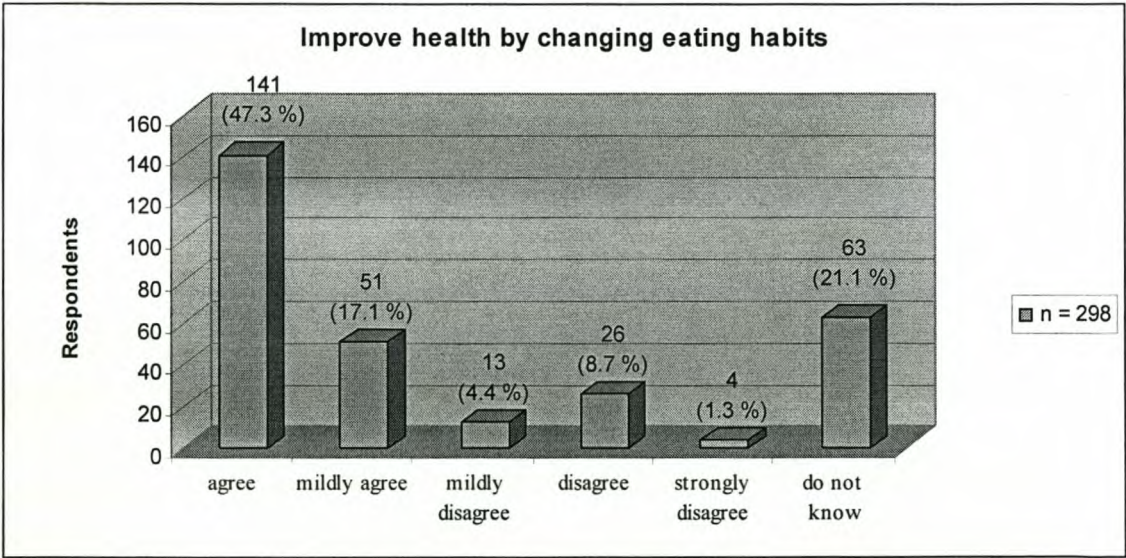


Figure 23

Participants' opinions on improving overall health by changing eating habits



The participants were also asked how often they ate various foods (see Table 10). The most commonly mentioned food groups that was eaten always or sometimes on a daily basis was grain products (maize, rice, cereal, bread, pasta, etc.) followed by fruit and vegetables.

Table 10: How often participants ate various foods

Frequency	Food Group							
	Junk food (chips)		Vegetables (daily)		Fruit (daily)		Grain products (daily)	
Always	61	20.1%	65	21.4%	80	26.4%	196	64.3%
Sometimes	206	67.8%	188	61.8%	190	62.7%	91	29.8%
Rarely	25	8.2%	38	12.5%	18	5.9%	9	3.0%
Almost never	4	1.3%	7	2.3%	13	4.3%	5	1.6%
Never	8	2.6%	6	2.0%	2	0.7%	4	1.3%
<b>TOTAL</b>	304		304		303		305	

The participants were asked how often they ate a meal when they woke up in morning (see Figure 24) only about 40% of the participants always ate in the morning.

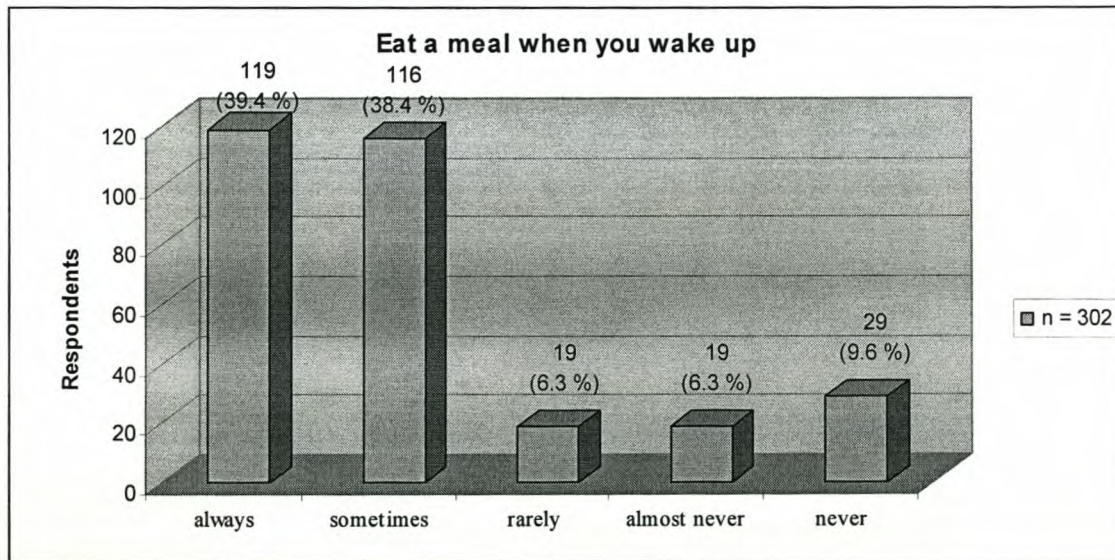


Figure 24

How often participants reported that they ate a meal in the morning

The participants were then asked how much coffee and water they drank each day. The majority (77.2%) of the participants drank between 1–3 cups per day. The large majority (85.5%) drank between 1–10 glasses of water per day. When asked if they would be



interested in learning more about good nutrition of the 300 participants, who answered this question, 256 (85.3%) were, 18 (6%) were not interested whilst 26 (8.7%) did not know.

In order to establish a context in which to look at the results of the participants' perceptions about their weight, Figures 25 and 26 show the mean actual height and actual weight of the participants by gender.

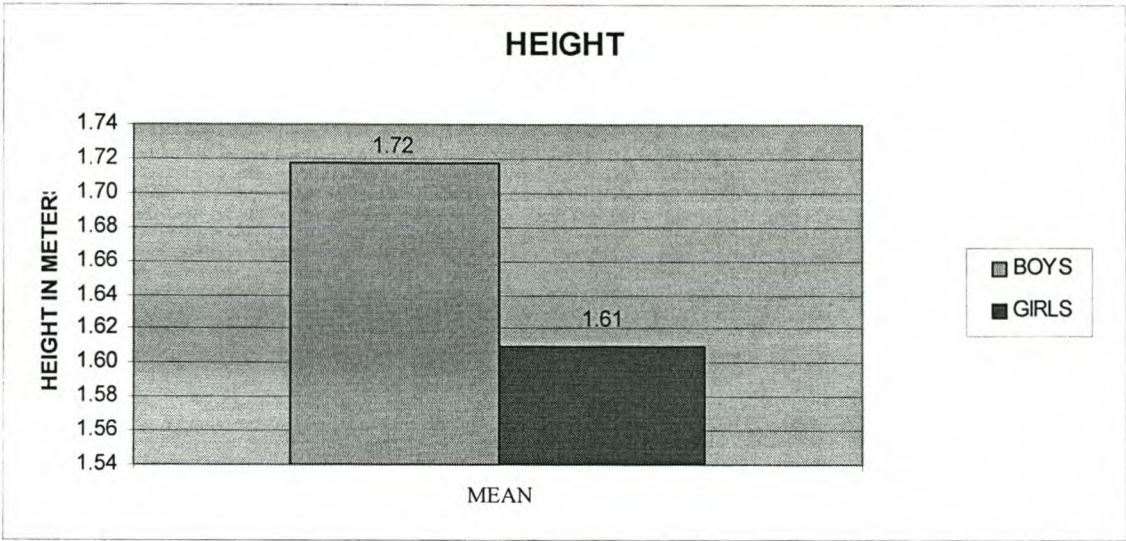


Figure 25

Average reported mean heights of the participants by gender

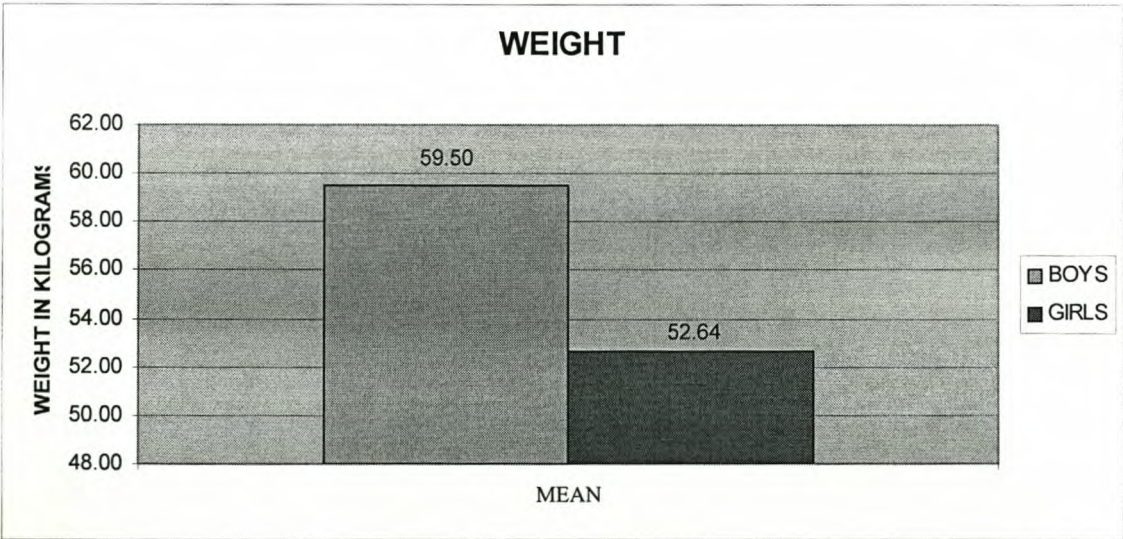


Figure 26

Average reported mean weights of the participants by gender



The participants were then asked if they thought their weight was appropriate (see Table 11). A statistically significant difference was found between genders. Girls were found to be more likely to consider themselves to be overweight.

Table 11: Participants' opinion of their weight

How do you consider your weight?	Frequency (n= 302)	Percentage
Very overweight	11	3.6%
Overweight	35	11.6%
Normal weight	204	67.5%
Somewhat underweight	42	13.9%
Very underweight	10	3.3%
<b>TOTAL</b>	302	100.0%

The participants were asked how often others pressured them to lose or gain weight (see Table 12). A statistically significant difference was found between genders, with more females reported that other, always or sometimes pressured them to lose or gain weight.

Table 12: Do others pressure you to lose or gain weight?

Pressure to lose weight	Frequency (n= 302)	Percentage
Always	33	10.9%
Sometimes	111	36.8%
Rarely	22	7.3%
Almost never	35	11.6%
Never	101	33.4%
<b>TOTAL</b>	302	100.0%

The participants were asked how happy they were with their current weight. A statistically significant difference was found between genders in both height and weight ( $p=0.001<0.05$ ). Males were happier with their weight than females who considered themselves more over or underweight (see Table 13).



Table 13: Participants' satisfaction with current weight

Happy with Weight	Frequency (n= 302)	Percentage
Very happy	33	10.9%
Sometimes happy	111	36.8%
Happy	22	7.3%
Somewhat unhappy	35	11.6%
Very unhappy	101	33.4%
<b>TOTAL</b>	302	100.0%

When asked if they wanted to maintain their current weight, of the 263 participants who answered this question, 118 participants (44.9%) did. Eighty four (31.9%) wanted to gain weight. The remaining 61 representing (23.2%) wanted to lose weight.

Table 14 indicates how participants plan to lose weight. Of the participants that answered this question, 55 (43%) said that they would stop eating sweets and start exercising. Fifty (39.1%) indicated that they would stop eating fatty food.

Table 14: How participants plan to lose weight

Plan to lose or gain weight	Frequency (n= 128)	Percentage
Stop eating sweets and start exercising	55	43.0%
Eating fatty food	50	39.1%
Exercising	4	3.1%
Body building	17	13.3%
Diet pills	2	1.6%
<b>TOTAL</b>	128	100.0%

## Discussion of the Current Situation Concerning Lifestyle

From the data gathered it was interesting to note that only 29% of the respondents lived with their natural parents. More shocking is the fact that about 20% of the respondents does not stay with any parent. Some of the aspects of students living environment may act as stress factors in their lives. With a lack of adult supervision, it was no surprise to see that there were few curfews in place. It can be concluded that inadequate parental/adult supervision is present, which is one of the at-risk factors.

The relationship between living conditions and academic performance may be present because as living situation stress increases, students may become more distracted from their



school work and thus perform more poorly. Additionally, lack of good parenting may be a factor common to students who are not academically motivated and who are not conscious of their health and nutrition.

Although the respondents viewed their neighbourhoods to be friendly and the people helpful, their biggest concerns in the neighbourhood were crime, the high rate of alcohol abuse and noise. They proposed a cleaner neighbourhood, with reduced nightclubs and shebeens, as well as the provision of more playgrounds. There appears to be a high level of concern regarding violence directed at youth. Increased police presence was requested.

The majority of respondents defined health in terms of mental and physical health. However, about 27% reported that they had poor health, while 7% had chronic illnesses. Their sleeping habits were not generally good resulting in some participants having difficulty sleeping. This is not surprising if one considers the noise, alcohol abuse and nightclubs respondents reported about.

Respondents reported poor nutrition, ranging from eating junk food to skipping breakfast. Benton and Sargent (1992) had found that eating breakfast influences recall ability and short-term spatial memory. Girls also considered themselves overweight and generally not happy with their current weight.

## **The Current Situation Concerning Risk Factors in Namibia**

Research Question 4. What is the current situation concerning Namibian youth in an at-risk context, in relation to the following specific risk-related issues:

- Substance use and abuse?
- Sexuality and HIV/AIDS?
- Self-esteem and suicide?
- Fitness and recreation/physical activity?
- Economical and educational realities?
- Community service?



Substance Use and Abuse

This data will be reported in three sub-sections: Smoking (tobacco use), drugs and alcohol.

Smoking (Tobacco Use)

When asked if anyone living in their home smoked, 44.1% said yes and 54% participants answered no, whilst 1.3% did not know. The participants were then asked if they smoked and how often they smoked (see Table 15). Interestingly, 85.9% of the participants were non-smokers, 11.5% were daily or occasionally smokers, and 2.6% were former smokers. The ages when participants started smoking range between 9–18 years with a mean of 13.8 years. Of the participants who smoked, 67.4% smoked between 1–6 cigarettes per day. However, no significant statistically difference was observed between males and females ( $p=0.962>0.05$ ).

Table 15: Frequency of smoking

Do You Consider Yourself to be a...	Frequency (n= 305)	Percentage
Daily smoker	24	7.9%
Occasional smoker	11	3.6%
Former smoker	8	2.6%
Non-smoker	262	85.9%
<b>TOTAL</b>	305	100.0%

When asked if they thought smoking would shorten their lives, 70.7% thought it would, whilst 14.7% felt it would not and 14.7% were not sure. The participants who reported being a current or former smoker were asked how strongly they agreed that they would develop health-related problems because they smoked (see Figure 27). Out of the 73 participants who answered this question, more than three quarters (79.4%) agreed to some extent to this statement.



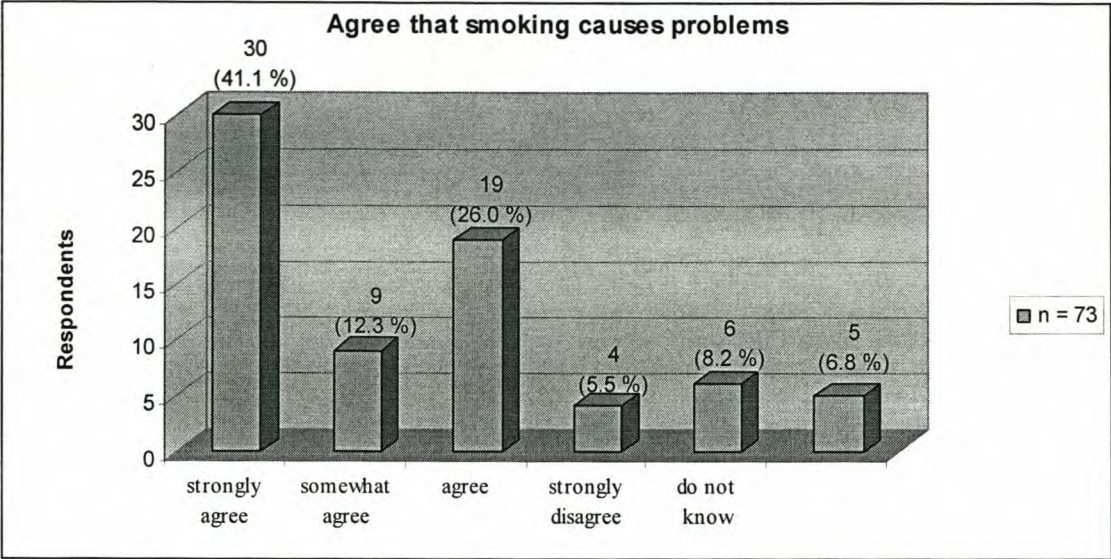


Figure 27

Participants who agreed they would develop health-related problems because they smoke

When current or former smokers were asked if they had tried to quit smoking, 32 (50.8%) mentioned that they tried. Table 16 shows the reasons why these adolescents found it difficult to stop smoking. A large percentage (47.4%) indicated that it was difficult due to family or friends smoking. However, 26.3% indicated that they smoke to maintain weight.

Table 16: Difficulties participants had to stop smoking

Why Difficult to Stop?	Frequency (n= 57)	Percentage
Family smoke	9	15.8%
Friends smoke	18	31.6%
Part or social life	3	5.3%
Weight maintenance	15	26.3%
Do not want to stop	6	10.5%
Stress	6	10.5%
TOTAL	57	100.0%

Out of the 67 participants who answered this question regarding whether or not they were interested in learning more about ways to stop smoking, 82.1% were interested, 13.4% were not, and 3 (4.5%) didn't know.



## Drugs

Table 17 shows the types of drugs participants indicated that they had taken in the last 12 months. It surprised the investigator when 92.6% of the participants indicated that they had not taken any drugs during that period.

Table 17: Self reported drug use in the past twelve months by participants

Drugs Taken	Frequency (n= 284)	Percentage
Marijuana	15	5.3%
Cocaine	4	1.4%
Diet pills	2	0.7%
None	263	92.6%
<b>TOTAL</b>	<b>284</b>	<b>100.0%</b>

The participants who reported drug use in the last twelve months were asked how old they were the first time they experimented with drugs. Of the 20 participants who answered this question, 8 (45%) were between 10–15 years and 11 (55%) were between the ages of 16–17 years. The participants who had reported use also were asked how often they had taken various drugs (marijuana and cocaine) in the past 12 months (see Table 18).

Table 18: How often participants who had reported some kind of drug use in the past 12 months took various drugs

Use of Marijuana/cocaine	Marijuana (n = 35)		Cocaine (n = 33)	
	Freq.	%	Freq.	%
Daily	2	5.7	1	3.0
Almost daily	1	2.9	1	3.0
Occasionally	4	11.4	4	12.1
Rarely	8	22.9	3	9.1
Never	20	57.1	24	72.7

When asked if they had injected any type of illegal drug such as heroin in the past twelve months, only 3 of the 35 youth who responded to this question (8.6%) had done so, which is <1% of the total sample. Only 1 participant reported sharing needles with close friends.



The participants who used drugs were asked if they ever got "high" or "buzzed" before going to school or if they ever taken drugs at school (see Table 19). Of the participants who reported taking drugs, 80.6% never took them before school. When asked if they took drugs during school, 94.6% reported "never."

Table 19: Taking drugs before going to school or at school

Frequency of Drug Use	Before school (n = 36)		At school (n = 37)	
	Freq.	%	Freq.	%
Sometimes	4	11.1	1	2.7
Rarely	3	8.3	1	2.7
Never	29	80.6	35	94.6

They were then asked how easy it was to obtain illegal drugs (see Figure 28). Of the 36 participants, more than half (55.6%) did not know, 13 (36.1%) mentioned that it was very easy or easy to get illegal drugs, and only 8.3% reported that it was very difficult.

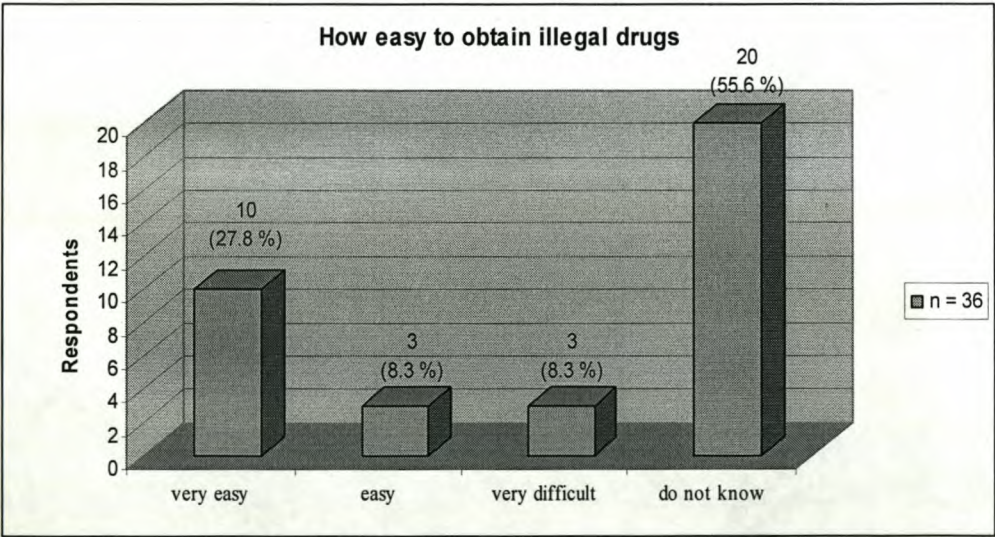


Figure 28

Participants' opinion on how easy it is to obtain illegal drugs.

A list of medications was given to all the participants and they were asked if they had ever used them to get "high" or "buzzed", to lose weight or to improve their physical performance (see Figure 29). Of the 206 participants who answered this question, 194 had



never taken any of the listed drugs. However, of the 12 participants who had taken one or more, the one most mentioned substance was diet pills, followed by cough syrup and caffeine.

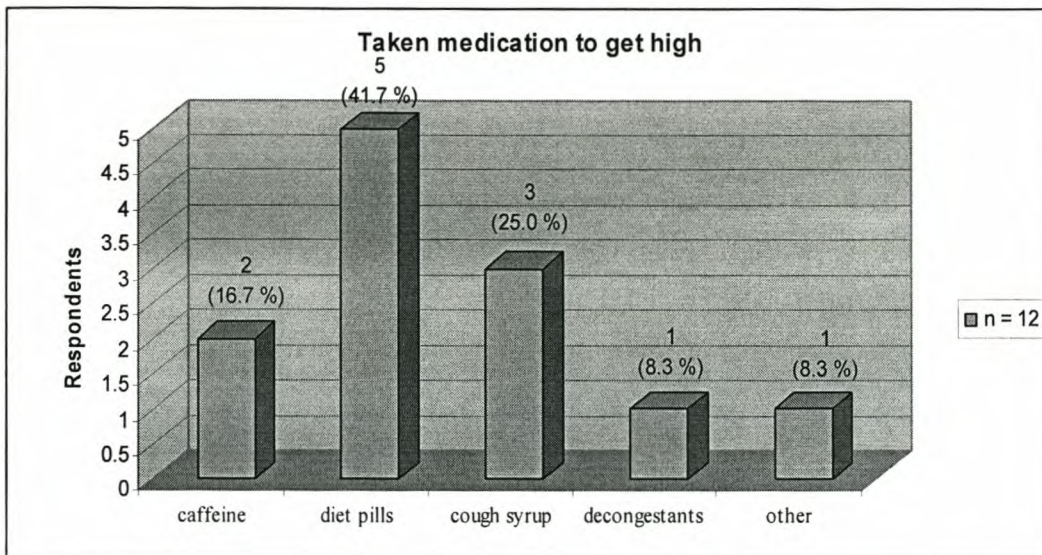


Figure 29

Other substances used in the last 12 months to get "high" or "buzzed" to lose weight or to improve physical appearance

When all the participants were asked if they ever thought that drugs were the cause of some of their personal problems, only 6 (16.2%) said yes, 19 (51.4%) said no and 12 (32.4%) weren't sure. Only 1 (28%) of the participants thought that drugs were the cause of problems at home, and 28 (77.8%) did not feel that the problems at their home were related to the use of drugs. It is also important to note that only 21 (56.8%) were interested in learning more about ways of dealing with problems related to drugs and 6 (16.2%) did not know.

### Alcohol

The participants were asked how often they drank alcohol (see Table 20). More than a third (33.1%) of the participants responded that they either drank daily, almost daily, weekly or occasionally. However, no statistically significant difference was observed between males and females in terms of consumption ( $p=0.076>0.05$ ). It is important to note that 144 participants (47.7%) never consumed alcohol.



Table 20: How often participants drank alcohol

Consumption of Alcohol	Frequency (n= 302)	Percentage
Daily	1	0.3%
Almost daily	3	1.0%
Weekly	20	6.6%
Occasionally	76	25.2%
Rarely	58	19.2%
Never	144	47.7%
<b>TOTAL</b>	302	100.0%

A identification of the age at which participants started drinking alcohol is shown in Table 21. It appears that more participants start consuming alcohol between the ages of 13–16 years.

Table 21: Age at which participants started drinking alcohol

Age of Starting to Consume Alcohol	Frequency (n= 149)	Percentage
8	3	2.0%
9	3	2.0%
10	5	3.4%
11	7	4.7%
12	11	7.4%
13	21	14.1%
14	30	20.1%
15	31	20.8%
16	31	20.8%
17	6	4.0%
18	1	0.7%
<b>TOTAL</b>	149	100.0%

The participants were asked how many times, in the past twelve (12) months, they had consumed 5 or more drinks on one occasion (see Table 22).

Table 22: Times in the past year participants consumed 5 or more drinks

Times in the Past Consumed 5 or More Drinks	Frequency (n= 166)	Percentage
More than 5 times	39	23.5%
5 times	7	4.2%
4 to 5 times	15	9.0%
2 to 3 times	27	16.3%
1 to 2 times	54	32.5%
Never	24	14.5%
<b>TOTAL</b>	166	100.0%



The participants were then asked if they ever drank before going to school or at school (see Table 23). The majority did not drink alcohol before going to school or at school.

Table 23: How often participants reported drinking alcohol before going to school

Drinks before School	Frequency (n= 165)	Percentage
Always	1	0.6%
Sometimes	4	2.4%
Rarely	1	0.6%
Almost never	5	3.0%
Never	154	93.3%
<b>TOTAL</b>	165	100.0%

When asked if they had ever tried to reduce the amount of alcohol they drink, 124 (76.5%) had. Only 47 (28.1%) thought that alcohol was the cause of some of their personal problems. A total of 97 (58.1%) said it was not, and 23 (13.8%) didn't know. Fifty-five (33.3%) had others tell them that alcohol was the cause of some of their personal problems, 101 (61.2%) did not have others tell them and 9 (5.5%) didn't know. When asked if there were any problems related to alcohol in their home, 48 (28.7%) said there were, 114 (68.3%) said no and 5 (3%) didn't know. A total of 124 (75.6%) participants were interested in learning about ways to deal with problems related to alcohol, 29 (17.7%) were not, and eleven (6.7%) were not sure.

## Discussion about Substance Abuse

Although almost 86% of the respondents were non-smokers, almost 45% lived in an environment where people smoked, thus resulting in exposure to second-hand smoke. Those that did smoke wanted to stop, but unfortunately no support structures are in existence. Drugs are readily available in their neighbourhood, although it was encouraging that not many of the respondents reported that they had experimented with drugs. However, it has been found that students who are stressed by their living situations may turn to drugs and alcohol to alleviate the stress. Since these youths do live in stressful environments, they are still at-risk for substance abuse.

Research indicates that community-based programmes have an impact on substance abuse. Rancourt (1991) concluded that participation in physical activity programmes that emphasized playfulness (i.e. made them feel like a kid again) and contributed to positive self-esteem were effective. Participants seem to become gradually more proactive in their



decision-making, and discover additional benefits of participation in physical activity, including a sense of acceptance, fun, increased confidence, alleviation of boredom, distraction from drugs, improved ability to cope, and a sense of being high without drugs. Perdue and Rainwater (1994) caution that alcohol consumption often takes place in conjunction with leisure time pursuits. They stated that community-based alcohol abuse prevention and treatment programmes for adolescents cannot assume that participating in recreational activities will automatically reduce alcohol abuse. Rather, the programmes must focus on "leisure education" where individuals acquire attitudes, skills, knowledge, and behaviours that enhance the social benefits of their choices about how they spend their leisure time.

## Sexuality

The participants were asked to identify from a list of sources, those that provided them with sex education (see Figure 30). The most frequently mentioned sources were schools, followed by TV, books and then friends/partners. Other sources mentioned included parents, Internet, health units, pharmacy, and doctors/nurses.

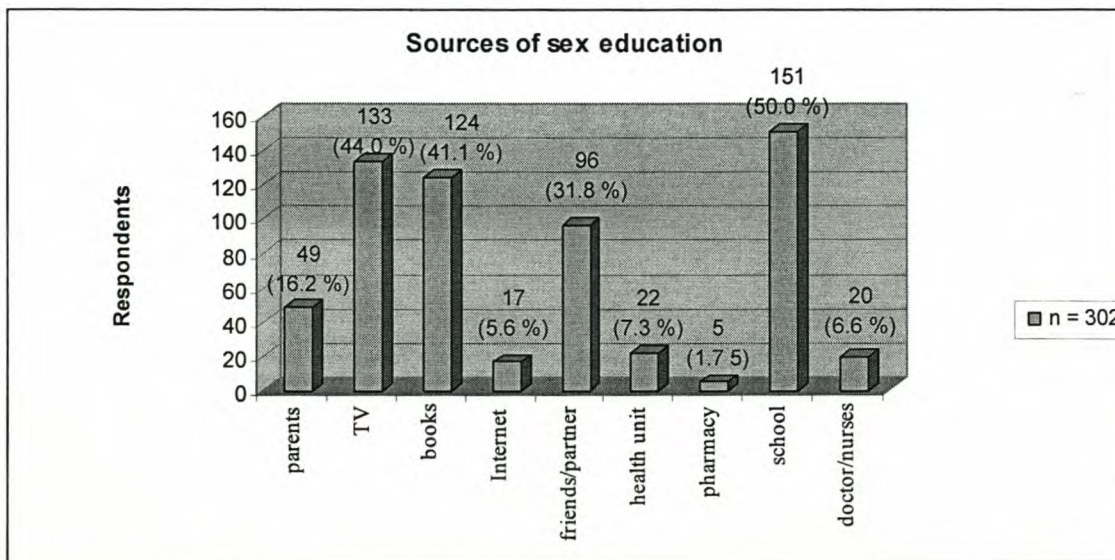


Figure 30

Sources where participants gained information about sex education

The participants were then asked how familiar they were with methods on a list of given methods of birth control (see Table 24). The type they were the least knowledgeable about was norplant, followed by foam, sponge, rhythm method temperature. Other methods they were not that familiar with included the IUD, condom with foam, the calendar method



and depo provera injection. The ones they were the most knowledgeable about were condoms, abstinence and "the pill."

Table 24: How knowledgeable participants were about certain methods of birth control

Methods of Birth Control	Frequency	No knowledge	Basic knowledge	Know how to	No response
Abstinence	282	46	127	109	24
Foam	273	237	23	13	33
Diaphragm	279	169	81	29	27
Condom	286	39	84	163	20
IUD	278	212	45	21	28
Female condom	282	108	109	65	24
Norplant	275	242	20	13	31
Calendar method	279	189	65	25	27
Temperature	274	218	40	16	32
Rhythm	275	221	43	11	31
Sponge	274	233	28	13	32
Pill	279	86	127	66	27
Withdrawal	278	108	117	53	28
Depo Provera	280	166	77	37	26
Condom with foam	285	225	34	26	21

When asked how satisfied they were with the sex education that was available to them, from the 299 youth who responded to this question, 73.6% were satisfied or very satisfied, 12.7% somewhat satisfied and 3.8% either somewhat dissatisfied or very dissatisfied (see Figure 31).

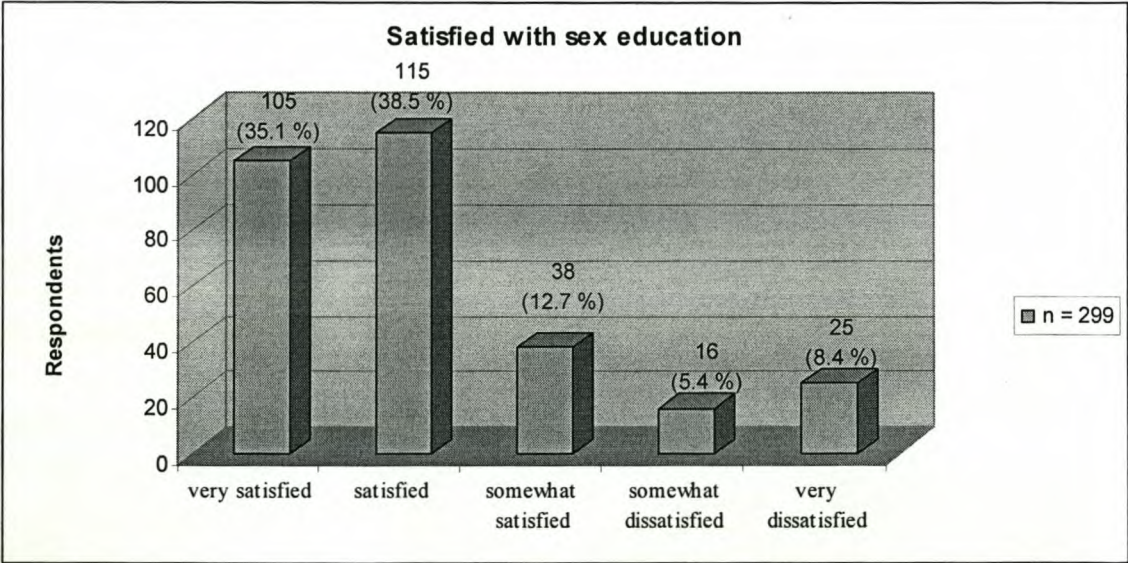


Figure 31  
How satisfied participants were with sex education



Two hundred and ten (70.2%) of the participants were worried about getting sexually transmitted diseases (STI's). They were asked out of a list of given diseases, which ones they would like more information about (see Figure 32). Most participants were interested in AIDS information, followed by Clamydia and Veneral Warts. However, of the 299 participants who answered this question, 30 (10%) reported having no interest in information on any of the diseases.

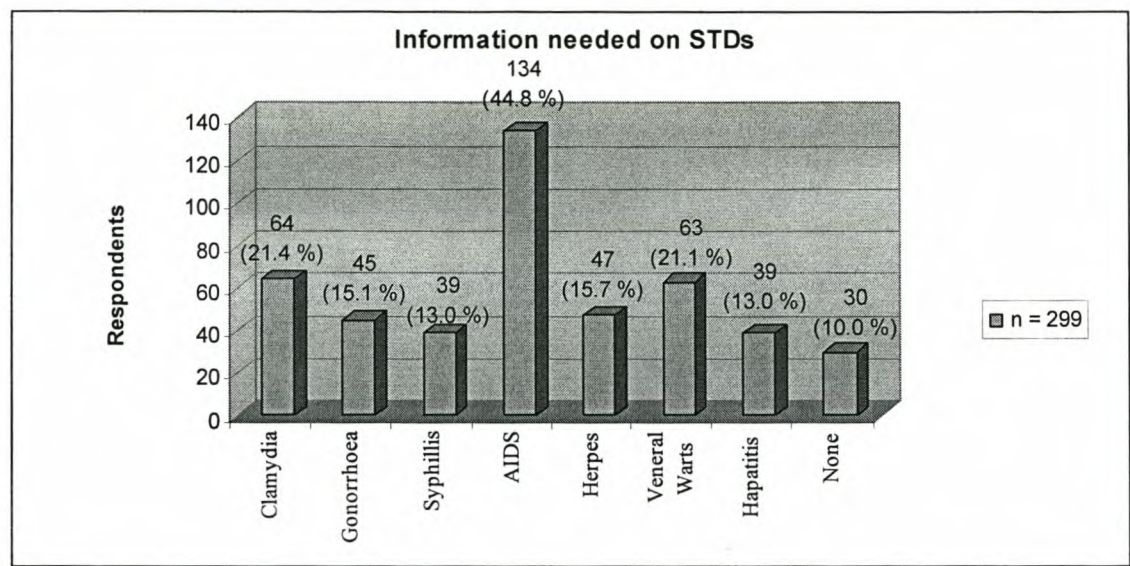


Figure 32

Sexually transmitted diseases about which participants would like more information

The participants were asked if they ever felt pressure from their partner or friends to have sex (see Figure 33). Of the 296 adolescents who responded to this question, 64.5% almost never or never felt pressured to have sex, but a few did feel pressured as indicated by the 28.7% who answered always or sometimes.



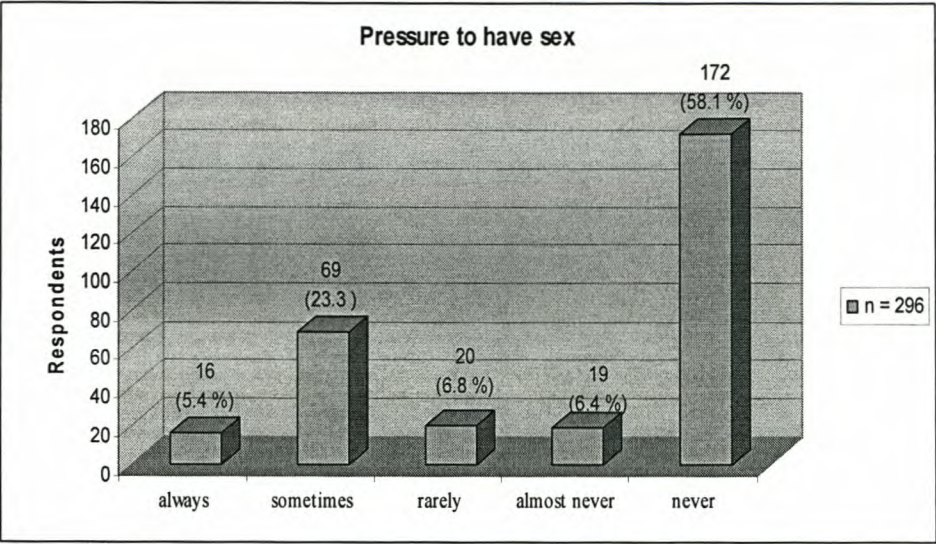


Figure 33

How often participants felt pressured to have sex

A difference was noted between ages in terms of first sexual intercourse (see Figure 34), with the age range 11 to 16 appearing as the critical period.

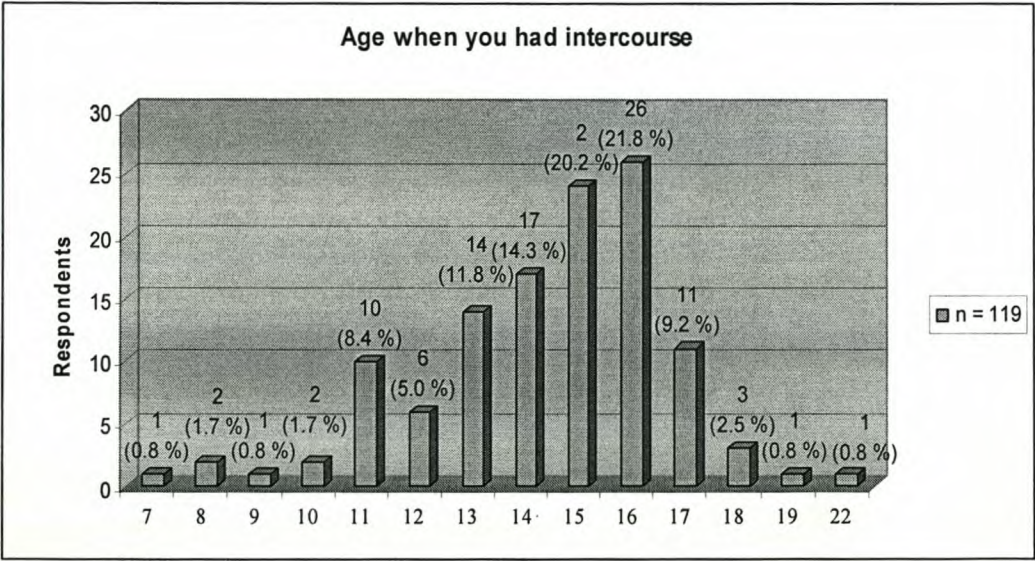


Figure 34

Age of first sexual intercourse

When the participants who had had sexual intercourse were asked to choose out of a list given, the reasons why they had sexual intercourse (see Table 25), the two most frequently mentioned reasons were, "moment of passion" and "love for partner". The two reasons that were mentioned the least were "did not want to lose partner" and "loneliness."



Table 25: Reasons for having sexual intercourse (multiple responses possible)

Reasons for Having Intercourse	Frequency (n= 126)	Percentage
Love of partner	35	27.8%
Pressure of partner	13	10.3%
Under influence of substances	11	8.7%
Wanted to start a family	6	4.8%
Curiosity	7	5.6%
Forced physically	5	4.0%
Moment of passion	39	31.0%
Loss of self-control	11	8.7%
Pressure from friends	6	4.8%
Loneliness	2	1.6%
Did not want to lose partner	1	0.8%
Felt ready	21	16.7%
<b>TOTAL</b>	<b>126</b>	<b>100.0%</b>

They were then asked the method of birth control that they had used (see Table 26). The most frequently mentioned method was condoms, followed by abstinence and IUD.

Table 26: Methods of birth control used (Multiple responses possible)

Type of Birth Control Used	Frequency (n= 125)	Percentage
Abstinence	11	8.8%
IUD	9	7.2%
Condom	93	74.4%
Female condom	2	1.6%
Norplant	4	3.2%
Calendar method	2	1.6%
Symptothermal	1	0.8%
Condom with foam	5	4.0%
Sponge	2	1.6%
Natural Calendar	1	0.8%
Withdrawal	2	1.6%
<b>TOTAL</b>	<b>125</b>	<b>100.0%</b>

The participants were also asked how often they or their partner(s) used birth control (see Table 27). Only a third (33. 1%) of the participants always used birth control. Alarming however is the fact that 43% never or almost never used birth control.



Table 27: Frequency of using birth control

How Often Do You Use Birth Control?	Frequency (n= 142)	Percentage
Always	47	33.3%
Sometimes	19	13.4%
Rarely	15	10.6%
Almost never	12	8.5%
Never	49	34.5%
<b>TOTAL</b>	142	100.0%

These participants were then asked which, in a series of given reasons, explained why they did not use birth control in the past (see Table 28). However, no significant statistically difference was observed between males and females with regard to regularity of contraceptive use ( $p=0.37>0.05$ )

Table 28: Reasons why participants didn't use birth control (multiple responses possible)

Reasons why not using birth control	Frequency (n= 92)	Percentage
Thought I did not have sex often enough to become pregnant	13	14.1%
Wanted to become pregnant	5	5.4%
Using birth control is against my personal values	10	10.9%
Afraid parents would find out	16	17.4%
Afraid of being questioned or examined by a doctor	6	6.5%
Did not know where to get birth control	8	8.7%
Too embarrassed or shy to get birth control	8	8.7%
No convenient clinics where one can get birth control	7	7.6%
Birth control cost too much	13	14.1%
Did not get around to getting birth control	8	8.7%
Believe birth control is harmful	14	15.2%
It just happened	14	15.2%
Thought it would not happen to me	11	12.0%
Did not fit	2	2.2%
I am male	2	2.2%
<b>TOTAL</b>	92	100.0%

The participants were asked if they had ever had a child. Of the 165 adolescents who answered this question, 13 (7.9%) had.

Table 29 shows the participant's opinions regarding the protection level of different methods of birth control against sexually transmitted diseases. Abstinence was by far the birth



They were then asked how comfortable they would feel talking to this person or agency about birth control methods or sexually transmitted diseases (see Figure 35). More than three quarters (78.7%) felt they would be very comfortable or comfortable talking with these individuals or agencies.

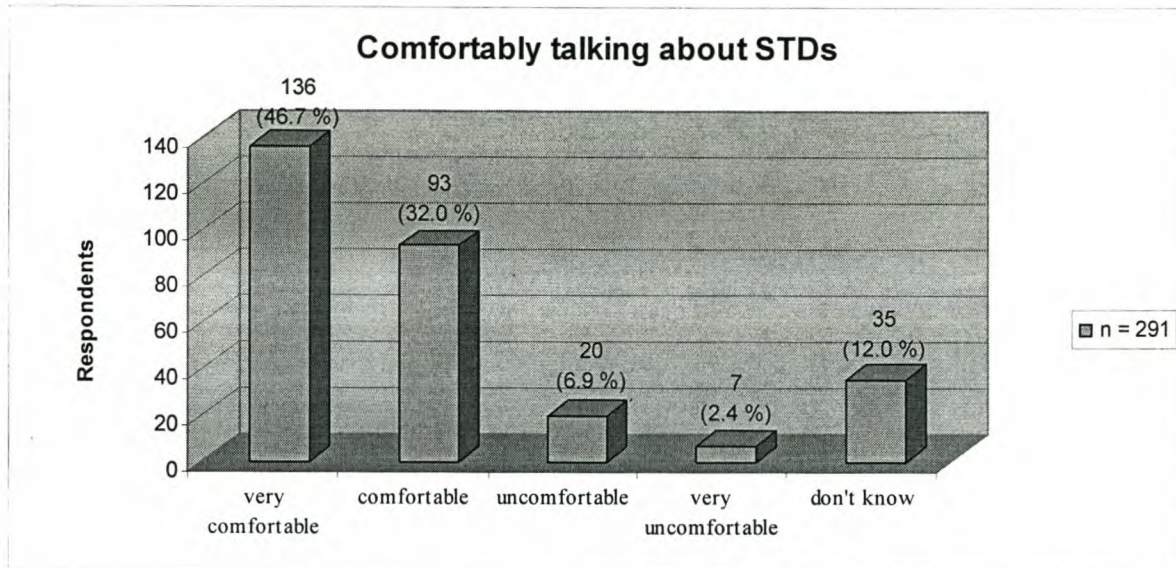


Figure 35

How comfortable participants would be talking to these individuals or agencies

Finally the participants were asked if they had ever experienced or witnessed violence or sexual assault. Of the 291 participants, only 53 (18.2%) reported that they had experienced or witnessed violence or sexual assault. It is important to note that of the individuals whom had either personally experienced or witnessed violence or sexual assault, almost half (43.9%) sought out help or support.

## Discussion about Sexuality

The impact of HIV/AIDS on the Namibian school system is seen as likely to increase the number of children without caregivers at home, to reduce enrolment, to increase learner and teacher absenteeism, and lead to situations where the school cannot function effectively. Against this background heightened efforts will be made to reduce the spread of HIV/AIDS infections amongst learners, teachers and other stakeholders, through education and making information available, which will be done in cooperation with other ministries and agencies. Not only the formal school curriculum, but also existing or new co-curricular activities at



schools will be used as a vehicle for such awareness campaigns (National Planning Commission, 2000).

The effects of pregnancy can be devastating to the academic success of teenagers. Experts have suggested that prevention of pregnancy requires teens to have life options that will motivate them to prevent pregnancy, and also to be educated about sexuality and birth control. Sexuality education classes in schools and after-school programmes are crucial for the prevention of teen pregnancy, as previous research has demonstrated that certain programmes increase abstinence and birth control use. Family planning and counselling services are also important for participants who are at-risk for pregnancy. The teen birth rate has fallen in the past few years, and some researchers believe that sexuality education programmes are partly responsible for this improvement. However, as can be seen from results of this research, there are still a number of participants that are sexually active and that are engaged in unprotected sex.

Young people need access to basic care and services that are appropriate, affordable and, if necessary, confidential. Such services range from nutrition to physical, mental and reproductive health. While most after-school programmes will not be equipped to deliver such services, they can play a key role as broker or referring agency. The degree to which participants' basic needs are being met obviously affects programmes' ability to successfully engage them.

The problems and issues facing youth in an at-risk context in terms of sex education are interdisciplinary. Therefore the problem-solving approach should also be. The whole community must be involved. There is a need for better communications among the different disciplines, parents, academics, the church and government about what each is doing in this area, and what does and does not work. There is much research being done, but it is often "unpublished" or remains part of internal government research, resulting in conflicting and confusing messages going out towards the youth.

## **Self-Esteem and Suicide**

A series of statements regarding personal feelings were listed and the participants were asked how often they experienced these feelings (see Table 31).



Table 31: Participants' responses to statements about personal feelings

Statements	always		sometimes		rarely		almost never		never	
	n	%	n	%	n	%	n	%	n	%
Happy and interested in life	129	42.4	150	49.3	15	4.9	3	1.0	7	2.3
Quite loved and appreciated	105	34.5	161	53.0	17	5.6	8	2.6	13	4.3
Parents understand me	68	22.5	184	60.9	23	7.6	15	5.0	12	4.0
Happy at home	107	35.1	139	45.6	32	10.5	11	3.6	16	5.2
Believe I am accepted by friends	128	42.1	146	48.0	12	3.9	10	3.3	8	2.6
Intellectually equal to friends	128	42.4	132	43.7	15	5.0	9	3.0	18	6.0
Accepted by teachers	98	32.1	160	52.5	23	7.5	16	5.2	8	2.6
Happy at school	115	37.8	160	52.6	9	3.0	12	3.9	8	2.6
Like the way I am treated by adults	76	24.9	190	62.3	17	5.6	11	3.6	11	3.6
Adults take me seriously	70	23.0	178	58.4	36	11.8	10	3.3	11	3.6
Feel full of energy	94	30.8	172	56.4	22	7.2	7	2.3	10	3.3
Parents expect too much of me	108	35.3	133	43.5	27	9.0	16	5.3	17	5.6
Like to leave home	24	7.9	98	32.2	12	3.9	28	9.2	142	46.7
Get frustrated	31	10.2	186	61.4	31	10.2	22	7.3	33	10.9
Cannot sleep because I worry	20	6.5	130	42.5	44	14.4	37	12.1	75	24.5
Feel depressed	23	7.6	175	57.8	34	11.2	31	10.2	40	13.2

With regards to the question to whether they had ever seriously considered killing themselves in the past twelve months. Alarming was the fact to notice that a quarter 76 (25.2%) always thought about it. Two hundred and twenty one (73.4%) sometimes thought about it. When asked for the reasons why they seriously considered suicide in the past twelve months, 57.1% mentioned pressure that was being put on them, while 14.3% mentioned due to the fact that they were nearly raped (see Table 32).



Table 32: Participant's responses to the question about suicide

Why Considering Suicide	Frequency (n= 63)	Percentage
Pressure	36	57.1%
Nearly raped	9	14.3%
Parents doubt me/do not love me	5	7.9%
Did something bad to someone	4	6.3%
Guardian treated me badly	2	3.2%
Partner left me	1	1.6%
Abused by parent and/or step-parent	4	6.3%
Failed a grade	1	1.6%
Parents do not understand me	1	1.6%
<b>TOTAL</b>	<b>63</b>	<b>100.0%</b>

The adolescents were asked to identify, out of a list of individuals, those to whom they would turn when they had personal problems (see Table 33). The most frequently mentioned was friends or partners, mentioned by more than a third (36.4%) of the youth. The next most frequently mentioned individuals were parents (34.6%) and cousins (22.3%).

Table 33: Individual to whom participants turn with personal problems

People To Whom Participants Turn	Frequency (n= 283)	Percentage
Parents	98	34.6%
Brother	36	12.7%
Grandparents	18	6.4%
Friends/partner	103	36.4%
Teacher	21	7.4%
School administrators	3	1.1%
School guidance counsellors	1	0.4%
Coach	4	1.4%
School nurse	1	0.4%
Doctor	2	0.2%
Clergy	0	0.0%
Outside Agency	1	0.4%
Do not turn to anyone	3	1.1%
Cousins	63	22.3%
<b>TOTAL</b>	<b>239</b>	<b>100.0%</b>



## **Discussion of Self-Esteem and Suicide**

The majority of the youth were happy and felt accepted at home and amongst friends. However, an alarming 25.2% always thought about or contemplated suicide, mainly due to pressure being or nearly raped or not being loved. There is definitely a need for a support system that will be able to assist the above group. Parents and communities need to be involved in the education and support of their children. The reality is, however, that the majority of parents in Namibia themselves often experience the same situations of pressure and hopelessness. Most are poor and live in isolated communities.

Participation in recreation and regular physical activity has been linked to improved self-concept and self-esteem, reduced depressive symptoms, decreased stress and anxiety, improved self-acceptance, changes in anti-social behaviour, and enhanced psychological well-being (Ewing, et al. 1996).

Physical Activity can also have a positive effect on boredom, mood, and character development. Boredom is viewed as an important factor, particularly in adolescents' lives, because of its links to depression, hopelessness, loneliness, and distractibility. Boredom has also been linked to alcohol use among college and high school participants, to smoking among high school participants, to deviant behaviour at school, and to over-eating. Youth who participate in appropriate recreational activities have a decrease in leisure boredom and subsequently, a decrease in deviant behaviours (McKay et al., 1996; Reid, et al.1994; Witt, 1996).

## **Fitness and Recreation/Physical Activity**

Participants were asked how they felt about amount of leisure time they have during the week. As reported in Table 34, 78.4% of the participants was somewhat to very satisfied with the amount of leisure time they have in a week. The participants were then asked the amount of time they spent participating in indoor activities on weekdays, and also on weekends (see Table 35).



Table 34: Satisfaction with amount of leisure time during the week

Use of Leisure Time	Frequency (n= 297)	Percentage
Very satisfied	17	5.7%
Satisfied	120	40.4%
Somewhat satisfied	96	32.3%
Dissatisfied	46	15.5%
Very dissatisfied	18	6.1%
<b>TOTAL</b>	<b>297</b>	<b>100.0%</b>

Arts Related Activities

The participants were asked how often in the past 12 months they had attended a play, musical or live theatre performance (see Figure 36). More than half (50.2%) had not attended any arts-related activity. It appears that only a few (5.6%) attended such activities more than 10 times a year.

Table 35: Time participants spent on indoor activities

Activity	0 hrs		<½ hr		½-1hrs		1-2hrs		3-5hrs		>5hrs	
	n	%	n	%	n	%	n	%	n	%	n	%
Watching TV weekdays (n=299)	15	5.0	21	7.0	33	11.0	92	30.8	84	28.1	54	18.1
Watching TV weekends (n=300)	21	7.0	16	5.3	19	6.3	63	21.0	75	25.0	106	35.3
Listening to radio - weekdays (n=303)	22	7.3	31	10.2	33	10.9	80	26.4	71	23.5	66	21.8
Listening to radio - weekends (n=303)	14	4.6	22	7.3	24	7.9	47	15.5	87	28.7	109	36.0
Reading for pleasure - weekdays (n=300)	58	19.3	47	15.7	53	17.7	70	23.3	55	18.3	17	5.7
Reading for pleasure - weekends (n=301)	74	24.6	46	15.3	53	17.6	63	20.9	44	14.6	21	7.0
Computer for pleasure - weekdays (n=301)	191	63.5	36	12.0	22	7.3	26	8.6	15	5.0	11	3.7
Computer for pleasure - weekends (n=298)	193	64.8	25	8.4	23	7.7	24	8.1	16	5.4	17	5.7



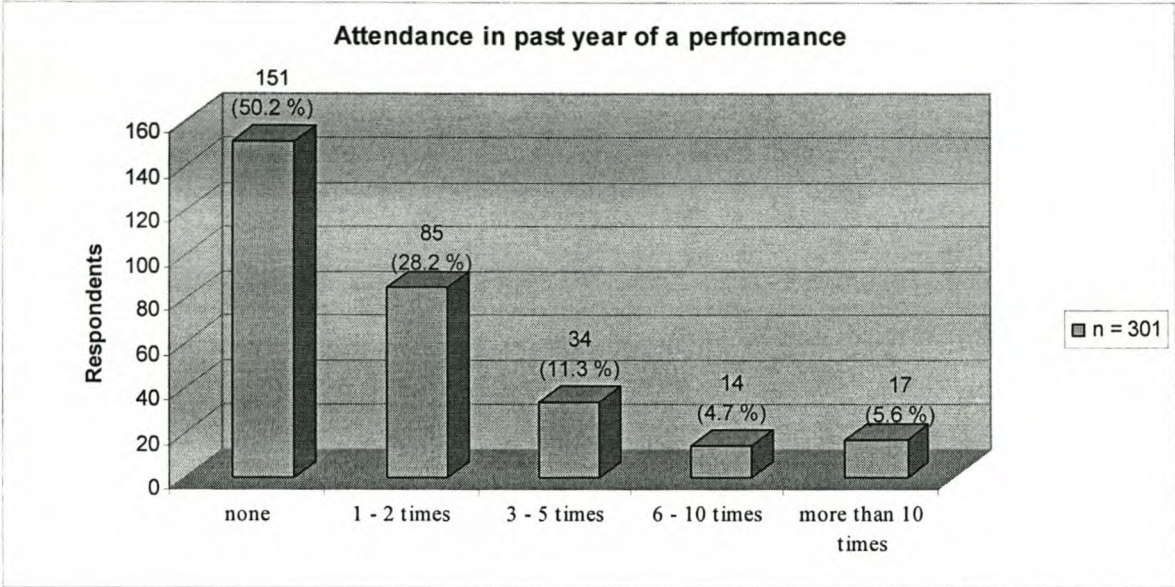


Figure 36

Participants' attendance at a play, musical or live theatre performance in the past 12 months

The participants were then asked if they were involved in any arts-related activities in their leisure time (see Table 36). The most popular choice was a musical activity (singing, playing an instrument). Dancing was also quite frequently mentioned. Over one-third of the youth were, however, not involved in any arts-related activities.

Table 36: Participant's involvement in art-related activities

Arts-related activities	Frequency (n= 290)	Percentage
Acting	26	9.0%
Crafts (pottery making, macramé)	9	3.1%
Drawing, painting, sculpting	47	16.2%
Photography	8	2.8%
Dancing	74	25.5%
Singing, musical instruments	88	30.3%
Writing (poetry, prose, letters)	37	12.8%
None	122	42.1%
<b>TOTAL</b>	239	100.0%

When asked what other arts-related activities they would like to be offered, the most frequently mentioned was debating (67.4%) (see Table 37).



Table 37: Other art-related activities participants would like to be offered

Other arts-related activities to be offered	Frequency (n= 92)	Percentage
Debating	62	67.4%
Dancing	10	10.9%
Music	9	9.8%
Modelling	2	2.2%
Body building	2	2.2%
Karate	1	1.1%
Woodwork, mechanical repairing	1	1.1%
Crafts	5	5.4%
<b>TOTAL</b>	<b>92</b>	<b>100.0%</b>

### Sport Activities, Fitness and Physical Activities

Of a given list of sport or fitness activities, the participants indicated all the ones in which they had participated over the past 12 months (Table 38). Soccer and jogging were the most frequently mentioned activities.

Table 38: Participants' involvement in sport and fitness activities in the past 12 months

Involvement in Sport and Fitness Activities	Frequency (n=289)	Percentage
Aerobics, Dancercise, Yoga	4	1.4%
Badminton	1	0.4%
Ballroom dancing	7	2.4%
Baseball, Softball	13	4.5%
Table tennis	10	3.5%
Basketball – competitive	37	12.8%
Bicycling	37	12.8%
Boating/canoeing/sailing	3	1.0%
Dancing	68	23.5%
Rugby	10	3.5%
Golf	0	0.0%
Hiking	0	0.0%
Hockey	16	5.5%
Fishing	8	2.8%
Jogging, running	70	24.2%
Soccer	110	38.1%
Orienteering	0	0.0%
Pool, Billiards	15	5.2%
Basketball – recreation	11	3.8%
Skateboarding	0	0.0%
Squash	0	0.0%
Bowling	0	0.0%
Swimming	59	20.4%
Tennis	14	4.8%
Volleyball –recreational	9	3.1%
Volleyball – competitive	3	1.0%
Walking for exercise, race walking	29	10.0%
Weight lifting	6	2.1%
Karate, Judo, wrestling	7	2.4%
None	35	12.1%
<b>TOTAL</b>	<b>289</b>	<b>100.0%</b>



Participants were asked to state what sports or fitness activities they would like to see offered locally. Table 39 shows the activities. Of the 165 participants who answered this question, 21.8% would want to see more soccer being offered.

Table 39: Sports and fitness activities participants would like to see being offered locally

Sports Activities Wanted	Frequency (n= 165)	Percentage
Tennis	8	4.8%
Dancing	19	11.5%
Basketball	21	12.7%
Netball	10	6.1%
Cricket	5	3.0%
Bowling	2	1.2%
Jogging and running	1	0.6%
Soccer	36	21.8%
Weight lifting	3	1.8%
Cycling	2	1.2%
Swimming	13	7.9%
Tennis and dancing	3	1.8%
Karate	10	6.1%
Athletics	2	1.2%
Gymnastics	3	1.8%
Volleyball	9	5.5%
Wrestling	1	0.6%
Boxing	3	1.8%
Gymnastics	3	1.8%
Golf	4	2.4%
American football	6	3.6%
Basketball and soccer	1	0.6%
<b>TOTAL</b>	<b>165</b>	<b>100.0%</b>

The participants were asked if they were involved in any hobbies that were listed in the questionnaire (see Table 40). More than half (61.1%) of the adolescents were not involved in any hobbies. The most frequently mentioned hobby was gardening, followed by collecting.

Table 40: Participants' involvement in hobbies

Hobbies	Frequency (n= 283)	Percentage
Collecting (stamps, antiques, books, memorabilia)	31	11.0%
Building models	16	5.7%
Gardening	33	11.7%
Mechanical repairs	19	6.7%
Sewing, needlework	27	9.5%
Woodwork	14	4.9%
None	173	61.1%
<b>TOTAL</b>	<b>283</b>	<b>100.0%</b>



## Barriers to participation in Leisure Activities

A list of barriers and/or obstacles that may have stopped the youth from participating in leisure activities was included in the questionnaire (see Table 41). The most frequently mentioned barrier obstacle was lack of time.

Table 41: Barriers/obstacles stopping participant's participation in leisure activities

Barriers/Obstacles	Frequency (n= 275)	Percentage
Lack of time	132	96.0%
Lack of energy	49	17.8%
No companionship	18	6.5%
Lack of transport/activity location	52	18.9%
Programmes do not match personal interest	31	11.3%
Facilities are overcrowded	20	7.3%
Facilities are not available	68	24.7%
Difficult to get information on what is offered	28	10.2%
Not enough activities offered for my age group	21	7.6%
Not enough offered in my language of choice	4	1.5%
Too expensive	49	17.8%
Limited by health related problems	12	4.4%
<b>TOTAL</b>	<b>275</b>	<b>100.0%</b>

## School and Physical Activity

The participants were asked if physical education was being offered at their respective schools. Of the 292 participants who answered this question, 180 (61.6%) mentioned yes, and 112 (38.4%) said no. When the participants were asked if they liked physical education as a school subject, 236 (80.3%) answered yes and only 58 (19.0%) answered no. Table 42 indicates their reasons for liking or disliking school physical education.

Table 42: Reasons why participants like physical education as a subject

Reasons for Liking or Disliking	Frequency (n= 175)	Percentage
Like exercising: exercise good for you	163	93.1%
Do nothing: boring	11	6.3%
Dislike physical activity	1	0.6%
<b>TOTAL</b>	<b>175</b>	<b>100.0%</b>



The participants were then asked if they were satisfied with the extra curricular activities offered in their school. Of the 291 participants who answered this question, only 116 (39.9%) answered yes, 108 (37.1%) no, and 67 (23.0%) did not know.

All the participants who answered no to the previous question were then asked what kinds of activities they think should be offered at their school. Table 43 indicates the kind of activities the participant's thought should be offered at their school.

Table 43: Activities that should be offered at school

Activities That Should be Offered	Frequency (n= 30)	Percentage
Volleyball and computer classes	10	33.3%
Tennis and swimming	10	33.3%
Hockey and swimming	3	10.0%
Weight lifting	1	3.3%
Swimming	4	13.3%
Music	1	3.3%
Cricket	1	3.3%
<b>TOTAL</b>	<b>30</b>	<b>100.0%</b>

Satisfaction with Use of Free Time

Figure 37, shows how satisfied the participants said they were with how they spent their free time. More than 80% (81.3%) were satisfied to some degree with the way they spent their free time. On the other hand, the other 18.7%) were dissatisfied to some degree.

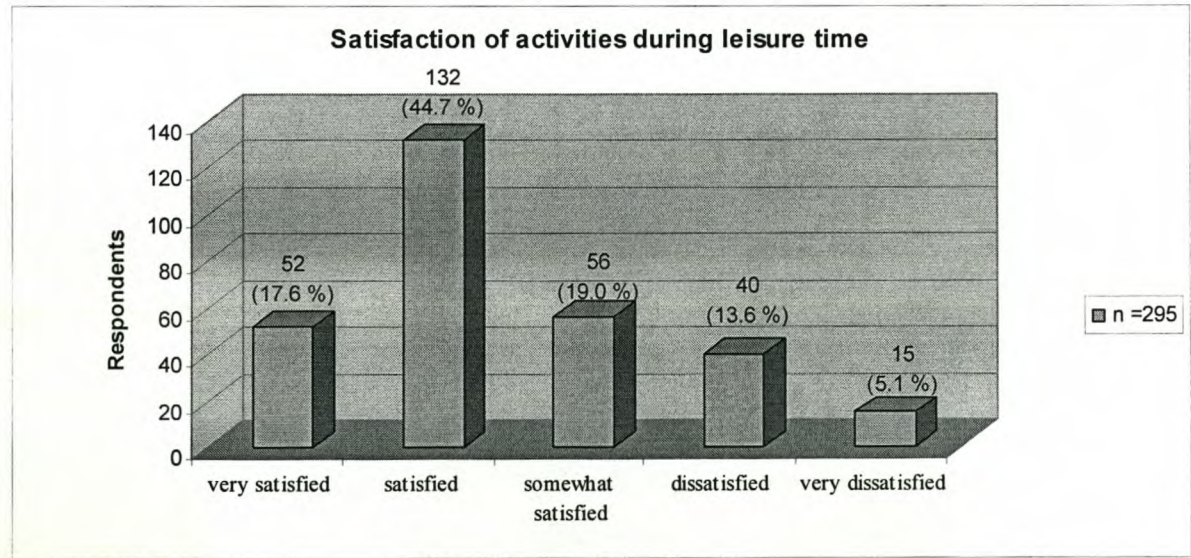


Figure 37

Participants' satisfaction with they way they spent their free time



## Places Where Participants "Hang Out"

The participants were asked where they "hung out" (see Table 44). The most frequently mentioned places were, a friends house or at home. Malls were also places that were mentioned.

Table 44: Places where participants "hang out"

Places where Participants "Hang Out"	Frequency (n= 296)	Percentage
Malls	111	37.5%
Theatre	33	11.1%
Dance club	53	17.9%
Bowling Alley	2	0.7%
Recreational facility	12	4.1%
Streets	39	13.2%
Parks	81	27.4%
Bus transit	4	1.4%
Restaurants	34	11.5%
Friends house	141	47.6%
At home	130	43.9%
<b>TOTAL</b>	<b>296</b>	<b>100.0%</b>

## Discussion of Uses of Leisure Time and Attitudes toward Activities

The majority of learners involved in this study expressed a need for more programmes and facilities in their neighbourhood. The most direct implication of this finding could be that funds might not be allocated appropriately. There is thus a need for authorities in Namibia to rethink where resources and programmes should be placed and allocated. Many inequalities still exist amongst schools and communities in terms of resources.

Many low-income residents live in poor communities and neighbourhoods and they themselves are "resource poor." There have been few studies that address the issue of facilities needed for participation. Offord, Lipman and Duku stated that, in the community domains, as would be expected, the presence of good parks, playgrounds and play spaces in the neighbourhood was strongly associated with increased rates of participation in supervised sports, and to a lesser extent, in unsupervised sports and the arts (Offord, Lipman & Duku, 1998). Children who live in poverty are more likely to live in unsafe neighbourhoods and are less likely to participate in sports activities (Cragg, Cameron, Craig, Cora & Russel, 1999).

Programmes are not always offered within the community or within close proximity to those who need them. The location of programmes and transportation costs create a barrier.



They affect those in poverty more so than other income groups because they become an issue of cost, time and safety. Hughes and Griffiths found that many low-income residents cannot afford a car, and must either walk or use the public transit system for all their needs. This made the process costly and cumbersome. Hughes and Griffiths found that "some parents with children of various ages had to make several trips to different locations to find suitable programmes for each child" (Hughes & Griffiths, 1992).

The majority of the youth involved in this study expressed a need for more programmes and facilities in their neighbourhood. The most direct implication of this finding could be that funds are not allocated appropriately, in terms of facilities. There is thus a need for authorities in Namibia to rethink where resources should be placed and allocated. Many inequalities still exist among different schools and communities in terms of teacher qualifications and qualities as well as resources. These imbalances need to be addressed in terms of resource allocation, teacher training and support provision.

**Educational and Economic Realities**

Almost two-thirds (65.1%) participants who responded to this question do not receive a weekly allowance. The mean of amount of allowance received by the 34.9% was N\$60.48. With regard to their employment status, 92.6% of the participants reported that they currently had no job. Of the 23 participants that did indicate that they had a job, the mean number of hours worked by them was 8 hours.

The participants were then asked how important staying in school was for them (Table 45). It is important to note that three quarters (81.7%) of the youth thought that staying in school was very important. Only 2.7% of the participants thought to some degree, that staying in school was unimportant.

Table 45: Importance of staying in school to participants

Importance of Staying in School	Frequency (n= 295)	Percentage
Very important	241	81.7%
Somewhat important	22	7.5%
Important	22	7.5%
Somewhat unimportant	2	0.7%
Unimportant	1	0.3%
Very unimportant	7	2.4%
<b>TOTAL</b>	295	100.0%



The participants were asked the level of education they planned to obtain (Table 46). A high percentage (75.0%) indicated that they want to obtain a University degree. When asked if they planned to attend a post-secondary institution immediately following graduation, 229 (79.2%), planned to attend one, 11.1% did not want to, whilst 9.7% did not know.

Table 46: Level of education participants plan to obtain

Level of Education Planned to Obtain	Frequency (n= 296)	Percentage
Some high school	11	3.7%
High school certificate	15	5.1%
Apprenticeship	1	0.3%
College certificate or diploma	25	8.4%
Undergraduate university degree	21	7.1%
Graduate university degree	222	75.0%
Other	1	0.3%
<b>TOTAL</b>	296	100.0%

The participants where then asked how they planned to pay for their post secondary education (Table 47). Participants mentioned that they will either use funds from their parents (39.4%) or scholarships (39%). Others (25.6%) plan to get a Governmental loan.

Table 47: How participants plan to pay for post secondary education

Payment Plan for Post-secondary Education	Frequency (n= 277)	Percentage
Governmental loan	71	25.6%
Scholarships	108	39.0%
Full-time job(s) while in school	11	4.0%
Parents	109	39.4%
Part-time job(s) while in school	47	17.0%
Personal savings	32	11.6%
<b>TOTAL</b>	277	100.0%

The participants were asked the current employment status of their parents. This is shown in Table 48.



Table 48: Employment status of participant's parent

Current Employment Status	Frequency (n= 296)	Percentage
Full time	185	62.5%
Part time	25	8.4%
Unemployed	45	15.2%
Retired	13	4.4%
Deceased	2	0.7%
Don't know	26	8.8%
<b>TOTAL</b>	<b>296</b>	<b>100.0%</b>

The participants' family's financial situations are shown in Figure 38. Two thirds of the participants (66%) reported that their family's financial situation was below or well below average. Only 13.3% mentioned that it was above or well above average.

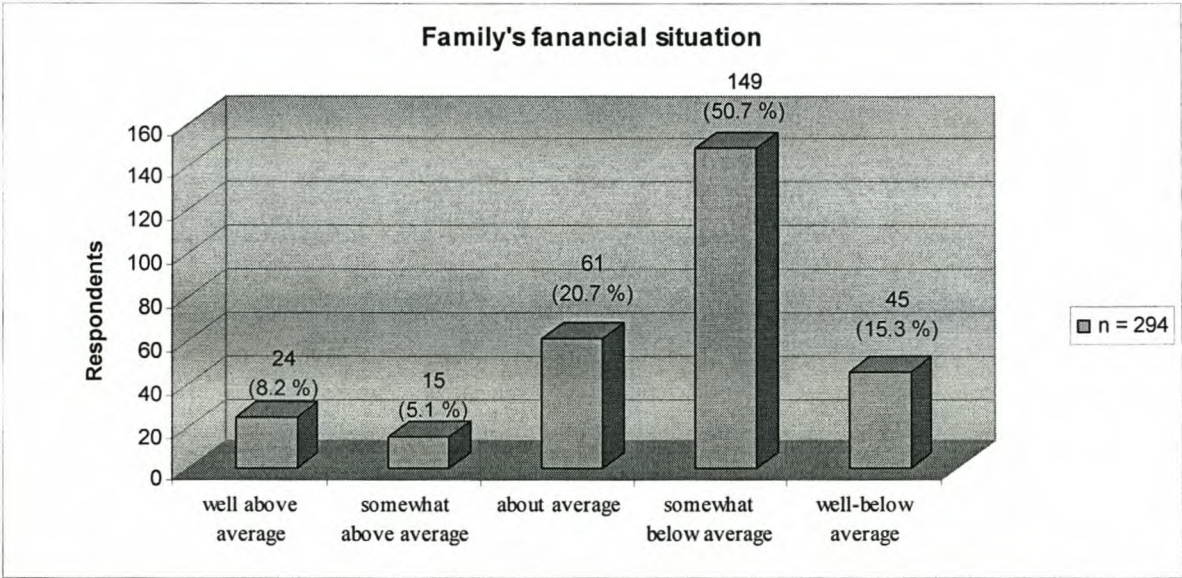


Figure 38

Participants' perception of family financial situation

Discussion of Economic and Educational Realities

Students expressed concern for the prospect of school dropout. Most respondents have ambitions to further their qualifications. They know the importance of staying in school, unfortunately the reality of the situation is that most of the respondents are from poor families and communities. Inequalities amongst schools and communities in Namibia are a fact. There



are imbalances in terms of teacher qualifications and quality not to mention resources. These imbalances need to be addressed; otherwise the situation will become more hopeless.

Previous research has focussed more on the benefits of physical activity programmes on children and youth overall, rather than a focus on the benefits to children and youth in an at-risk context. Very little could be found specifically about the impacts and benefits of physical activity on children and youth living in poverty. The participants in this study clearly fall into the categories of children living in poverty and children/youth in an at-risk context, therefore, considerable research is still needed in this area.

Community Centre and Service

Out of the 298 participants that answered the question regarding a need for a youth centre in their neighbourhood, 78.8% said yes. Out of a list of programmes, they were asked which should be offered at a youth centre (Table 49). More than half (58.5%) wanted to see more study halls, 38.4% wanted life skills, and 38% wanted sporting events.

Table 49: Programmes suggested by participants for a youth centre

Services needed to be offered at Youth Centres	Frequency (n= 255)	Percentage
Sporting events	97	38.0%
Dance club	62	24.3%
Coffee house	29	11.4%
Games lounge	54	21.2%
Movie and sports nights	71	27.8%
Health services	70	27.5%
Study hall	150	58.8%
Peer counselling	81	31.8%
Life skills	98	38.4%
<b>TOTAL</b>	255	100.0%

The participants were asked if they had volunteered their services in the past year. Of the 297 participants who responded to this question, 256 (86.2%) had not volunteered their services, and 21 had served as volunteers (Table 50).



Table 50: Where participants volunteered in the past year

Where volunteered	Frequency (n= 21)	Percentage
Red Cross	4	19.0%
Amhaco center	1	4.8%
Church	4	19.0%
Neighbourhood	5	23.8%
Old age home	1	4.8%
UNICEF	2	9.5%
Youth club	3	14.3%
Modelling at hotel	1	4.8%
<b>TOTAL</b>	21	100.0%

## Discussion of Community Service

Children and youth need opportunities to make choices that go beyond simple selections between activity options. They need choices that give them opportunities to assume responsibilities over time, and that ultimately will include meaningful decision-making and leadership. After-school programmes are well positioned to provide young people with much-needed opportunities to take on internal decision-making roles but also civic roles within the broader community. Opportunities to be productive contributing members within after-school settings can be particularly powerful for young people who feel relatively disconnected from other institutions.

A growing body of knowledge supports the notion that early civic action by young people is a gateway for lifelong civic engagement (Youniss, et al. 1997; Princeton Survey Research Associates, 1998). Community service programmes are associated with improved personal and social development, a sense of civic responsibility, academic gains and aspirations, and decreased risk behaviours. Such programmes appear to be most effective when they involve significant levels of responsibility, autonomy and choice, direct contact with service recipients, reflection activities, and well-prepared adult leaders (Billing, 2000).

## Conclusion

Research has demonstrated that effective youth programming can be a valuable tool in helping to prevent and reduce youth problems. Inviting vulnerable youth into a programme, may reduce the possibility that they will become involved in crime. Also, by building



resiliency in these youth they will be better equipped to deal with the problems confronting them.

A fundamental need for young people, particularly in high-risk contexts, is for a stable, supportive bond with a caring adult who can help them prepare for social roles that earn respect, route them to needed resources, and encourage them to persist in education. Among poor children from urban areas, research has shown that those who cope well usually have at least one significant, positive adult role model, not necessarily the parent (Carnegie Council on Adolescent Development, 1994a).

The PAY – Namibia programme that provided the intervention in this study, has a positive approach to youth development rather than focussing on preventing negative behaviours (e.g. smoking, sex and crime). The programme encourages youth to build on their strengths and improve skills in a wide range of areas. Although negative behaviours may also be reduced or prevented, youth are not perceived as potential problems. A positive approach to youth development shifts thinking away from fear-based punishment towards a hope-based vision of wellness. This approach provides opportunities for youth to develop the skills and resiliency necessary to protect them from the conditions that put them at-risk of negative outcomes, such as delinquency, crime and violence. There are, however, no quick solutions to these complex youth problems, but a positive attitude and the use of a simple risk/resiliency prevention approach can be an effective way to develop youth potential and reduce youth involvement in self-destructive behaviour.

The notion that recreation services and physical activity are valuable tools in preventing youth problems, and reducing substance abuse and other anti-social behaviour (Ryan, 1991), has been part of the field's conventional wisdom since the days of the playground and recreation movement in the United States and Canada. Participation in recreation and regular physical activity has been linked to improved self- concept and self-esteem, reduced depressive symptoms, decreased stress and anxiety, improved self-acceptance, changes in anti-social behaviour, and enhanced psychological well-being.

Results from this research reveals and corroborates what Thurston (1918) concluded that delinquency is the result of unused leisure time. He further stated that recreation at its best prohibits delinquency by providing healthful activities, developing social relationships, and promoting the idea that success is the result of one's own efforts (Jordan, 1991:366).



Research consistently concludes that effective youth physical activity programming is a valuable tool in preventing and reducing youth problems. Physical activity programmes like PAY can prevent youth from engaging in anti-social behaviours in which they are expressing themselves through acts of frustration, helplessness, hopelessness and even violence. This programme provides youth with physical activity experiences that they can enjoy and where they can achieve success. If individual success is achieved this can help in the process of increasing self-esteem and with more success the youth may move away from engaging in anti-social behaviour and turn to the physical activity programming provided for them. An increase in self-esteem will help to build resiliency, change attitudes about destructive behaviour and negative social activity and help focus their lives in a positive direction. However this type of programme is still in its infancy stage with no support from government or the private sector within Namibia.

There is no doubt that Namibia is in need of a policy to regulate after-school programmes. There is thus an urgent need to develop and formulate a workable and manageable policy to cover all aspects from programming to financing. Such a policy has to engage with the realities of life within the local communities. The bottom line: young people need safe, structured places and links to basic services that if absent, can prevent them from learning and developing. They need high quality instruction. But they also need personal attention; strong, respectful relationships with adults; a culture of peer support, clear rules, high expectations and real assessments; and challenging experiences and opportunities for self-direction, participation and contribution within the organization and the community.



## **CHAPTER SIX**

# **CONCLUSIONS AND RECOMMENDATIONS**

The Institute of Youth, Education and Families (2004) found that almost all school children in low-income communities in Namibia go home in the afternoon to an empty house. Many of these children are left alone for as many as five hours a day. Research indicated that these unsupervised hours after school mean heightened risks and missed opportunities. It is considered prime time for teenage sexual activity, drug use, and alcohol and cigarette use. This study attempted to contribute to the body of knowledge about youth at-risk in Namibia in two ways. First, an effort was made to gain practical knowledge about the implementation of physical activity programmes for these youth. Second, information about risk factors was gathered as an effort to expand our academic understanding of the at-risk situation in Namibia.

### **Conclusions about Programmes**

The impact of the PAY Programme can be described by its impact on the participants:

- An improvement in health-related fitness.
- A pass rate of more than 91% at the end of the year (subjects that showed the most improvement were mathematics, English and physical Science)

For a small programme in its initial year, these outcomes may be satisfying. However, the aim of this research was to gain insight beyond the data that could assist in finding “Namibia-relevant” approaches to programme design and implementation. With that in mind, several conclusions can be made about after-school programmes to address the problems of at-risk youth in Namibia, based on the author's experiences in implementing the PAY Programme. These conclusions can be organised under three broad headings: Achieving ownership and community involvement; Cultivating a culture of learning for all; and Achieving professionalism in teaching. It is also possible to draw some general recommendations for programmes.



## **Achieving Ownership and Community Involvement**

Schools are set up by society for specific purposes, including teaching/learning for the development of the society's children and youth. But society is not something "out there." Everyone makes up society. Schools and the schooling process should rightfully be experienced as ours - as owned by us. This means that all teachers, students, parents, and other members of communities in which schools are situated, as well as all members of society, should be involved. In Namibia, this has been very far from the reality.

There are many reasons for this situation. The previous authorities either neglected or actively discouraged the organic links between schools, their communities, and society. If we are to transcend our history, we need to look beyond any simple formula for re-establishing these links. We need to understand the variety of meanings people hold about such involvement, and then find answers that are appropriate to our society. At least three dimensions of this are clear:

- First, in any society, parents have to own what takes place in the education of their children. Parents must be engaged in saying what ownership means and how it matters to them. Nobody (especially the authorities), can tell parents how to get involved. Clearly, such a process must involve dialogue and negotiation: educators do have information and professional perspectives parents may not have. However, unless parents are actively involved in such a process, their voice will not be heard, and they will not experience ownership of what happens to their children. Apart from structures, effective processes to establish ownership must be put in place.
- Second, everyone who is involved in education needs to have a part in the decision-making structures and process at all levels. This is basic to democracy. However, this is easier said than done. The authoritarian way in which education has been run in the past has made people believe that this involvement will not take place. In many communities, people have been so dis-empowered through past policies and practices, that engagement in decision-making is an unfamiliar experience. Although structures have been set in place to remedy this, building



capacity and empowering people to engage in decision-making at all levels of education is a challenge all of us still need to face.

- Third, in communities, which have been the most disadvantaged, there is an urgent need to make schools the centre of community development. This is a very practical dimension of ownership. School buildings and facilities can be very effectively used for local community development purposes, as well as for the traditional purpose of schooling. But what should happen, and how it should happen, needs to be negotiated with schools and communities themselves - not simply decided by the authorities. The use of school facilities for literacy classes is just one example, and might have the added advantage of increasing the motivation and scholastic progress of children. Another example is the involvement of community member, through the school, in addressing the range of social problems that besiege both schools and communities - alcohol, drugs, sex-related problems, violence, and various forms of discrimination (Donald et al., 1997).

### **Cultivating a Culture of Learning for All**

We cannot succeed in turning this commitment into a reality unless we cultivate a culture of learning for all children. Some of the most important dimensions of cultivating a culture of learning include the following:

- Access and flexibility. First, we need to establish access, flexibility of structure, and flexibility in the process through which education is delivered. In Namibia, access and flexibility of structure have been major concerns in the formation of a new education policy. Flexibility of the process is of equal importance. This has to involve changes what we (and every other teacher) do in the daily process of schooling. It means that the process of teaching/learning cannot follow a single pattern. Variation according to the needs of different individuals and groups of learners has to become more possible. This is very much part of the aim of outcomes based education (OBE). Flexibility also has to be cultivated as the norm or culture in all schools. In other words, it should become a general expectation of the "way things should happen."



- **Relevance.** Relevance to the social context has to be achieved in what is learned, and in how it is taught and learned. In all Southern African countries, the content and the process of education have been powerfully shaped by the colonial past. In many instances this has meant that both individual people and whole communities have experienced education as something foreign to their needs. The language policy in education is just one example. Another aspect of relevance is the usefulness and value of what is learned to society as a whole, and to the students who have to make their way in that society.
- **Care and respect.** We cannot even begin to talk about education before we cultivate a culture of care and respect for people, whatever their origin, background, or circumstances. Care and respect have to be cultivated at all levels of education, and between all those who are part of the process. This means between teachers and students, between students and students, between teachers and those in authority, and between schools and their communities. In Namibia, with its discriminatory past, cultivating care and respect between people of different races, social classes, genders, religions, and abilities is a major challenge.

Care from and respect for legitimate authority is another aspect that needs to be cultivated. There has been a widespread breakdown in moral authority between parents and children, between teachers and students, and between teachers and those in authority in Namibia. This has affected relationships, and the management and order of education at all levels of society. Moral authority works both ways. It has to be seen as legitimate before it can be respected. People in authority have to show care for the needs of those to whom they have responsibility before they can earn respect. Respect cannot be demanded; it can only be earned. Establishing credible and legitimate leadership and management structures in education, from departmental level to individual classrooms, will be an important part of the process of developing a culture of care from and respect for authority (Donald et al., 1997).

### **Achieving Professionalism in Teaching**

The quality of primary and secondary school education relies in large part on the quality of its teachers. The fact that there are few qualified teachers in



disadvantaged regions and schools has, by consequence, a negative effect on the quality of education. On the whole, evidence suggests that advantaged regions and schools have a greater number of better qualified teachers, and lower dropout and repetition rates at all levels. These disparities indicate that regional and schools' equity within the educational system has not been substantive. It also shows a tendency towards unequal distribution of resources, both material and human, which is undemocratic (Amukugo, 2002). Acknowledgement that the 'primary causes of the education crisis are to be sought in the political realm', Morrow (1994:28) takes the view that "teachers are key agents in any schooling system, and the reconstruction of education in our country will require teachers to discover or rediscover their responsibilities as teachers".

A radical redevelopment of professionalism in teaching is required. It is not a matter of putting blame at the door of the teachers. Many teachers have struggled against incredible odds to maintain a semblance of education during the apartheid years. These odds have been so great that many teachers have become demoralized. To foster a sense of professional responsibility, therefore, all the dimensions of challenge we have referred to above will be involved. Developing ownership, including active participation in decision-making by all teachers, will be particularly important. Empowerment through teacher development, involving pre-service education programmes, as well as in-service development programmes, will also be essential. Professional responsibility will not be achieved unless all teachers actively take on this responsibility in schools, teacher training institutions, and professional organizations. Growth in professionalism and its development cannot take place without commitment.

### **Recommendations about Programmes**

The following are recommendations for school and community programmes to promote lifelong physical activity among young people, based on the observations made during the PAY Programme:

- The convergence of a variety of interests in the community programmes care area in Namibia, make it a critical time for policy makers to design programmes that will meet the needs of the youth, families, and communities that they intend to



serve. Given the widespread attention focused on these issues, it is important to build a system of high-quality programmes that will sustain, improve, and endure through social change.

- The policies that guide programme design and implementation must promote enjoyable, lifelong physical activity, physical and social environments that encourage and enable physical activity, physical education curricula and instruction as part of the school programme, as well as health education curricula and instruction. The specific focus of physical education should emphasize enjoyable participation in physical activity and help students develop the knowledge, attitudes, motor skills, behavioural skills, and confidence needed to adopt and maintain physically active lifestyles.
- Extracurricular physical activity programmes that meet the needs and interests of students are also important. This means that there must be a range of developmentally appropriate community sports and recreation programmes that are attractive to all young people.
- Adequate facilities and equipment must be available. Many community programmes are lacking adequate facilities to provide high-quality after-school programmes, such as playgrounds, libraries, art rooms and computers.
- Programmes must include parents and guardians in decisions about school physical education as well as extracurricular and community physical activity programmes, and encourage them to support their children's participation in enjoyable physical activities.
- Training must be made available for education, coaching, recreation, health care, and other school and community personnel, that imparts the knowledge and skills needed to effectively promote enjoyable, lifelong physical activity among young people.
- It is important to implement a health education programme that can help students develop the knowledge, attitudes, behavioural skills, and confidence needed to adopt and maintain physically active lifestyles.



- Care must be taken that community sports and recreation programmes are attractive to young people and developmentally appropriate. It is not enough to provide physical and social environments that encourage and enable safe affordable and enjoyable physical activity, but also these programmes must be sustainable, since in the absence of clearly defined government policy, it is difficult to attract and retain funding unless sustainability can be demonstrated.
- Regular evaluations of school and community physical activity programmes and facilities should be completed. Research based standards are needed to safeguard programme quality. These standards must be monitored through an accreditation process that would ascertain quality.

One way I believe to achieve a quality physical activity programme is to form a coalition to ensure that government and local resources that might be useful in promoting physical activity among young people are available to schools and community groups. Within the school, efforts to promote physical activity among students should be part of a coordinated, comprehensive school health programme, which is an integrated set of planned, sequential, and school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students.

I believe that sustainable programmes involve and are supportive of families, and are determined by the local community based on community needs, resources, standards, and requirements. They are coordinated by a multidisciplinary team and accountable to the community for programme quality and effectiveness. Coordinated programmes should include health education, physical education, health services, and school counselling, as well as social services and nutritional services. These programmes have the potential to not only support, but improve both the health and the educational prospects of students in a holistic way.

School and community programmes that promote regular physical activity among young people could be among the most effective strategies for reducing the public health burden of chronic diseases associated with sedentary lifestyles. Programmes that provide students with the knowledge, attitudes, motor skills, behavioural skills, and confidence to participate in physical activity may establish



active lifestyles among young people that continue into and throughout their adult lives.

## **Conclusions about Youth in an At-Risk Context**

Family, peers, educators, counsellors and any other person dealing with youth on a daily basis must be aware of the different components that are at play in the development of a young person. Given that most factors are interrelated, collaboration and information sharing between community members is equally important, as some risk factors may be apparent and identified in one setting, but not in the others. Psychosomatic problems and alcoholism are more prevalent among disadvantaged families (Statistics Canada, 1998). This can translate directly into problems for Namibia's young people living in poverty. Given the high level of stress that exists within such environments, youth are more likely to develop low self-esteem and depression, are more prone to boredom and aggression, and have more difficulty adjusting to the school environment.

Researchers have found that it is possible to identify potential dropouts as early as elementary school (McDill, et al. & Pallas, 1986). Hodgkinson (1995) found in his research a widely held view that we intervene too late in the course of a student's development, that certain parts of the profile of a dropout-prone student may be visible as early as the third grade.

Individual characteristics such as mental health, lack of self-control, and aggressiveness can also significantly influence a young person's outcomes. Personal pain and traumatic experiences can further add to a young person's likelihood of getting involved with the law given their capacity to trigger the development of subsequent antisocial behaviours or increase the likelihood of young people seeking out and forming negative peer associations. While individual characteristics may not, in and of themselves, always put a young person at-risk, they can contribute to already existing problems that exist within their school or family environments.

Other social predictors of risk include negative peer relationships. In many cases antisocial peer influence and association is related to a host of problems ranging from academic failure to antisocial behaviours. Not unlike peer influence, the school environment can also play a significant role in determining both the positive and



negative outcomes of a young person. While a supportive school environment and structure can alleviate some family or individual risk factors, a negative school experience can accentuate existing problems. Thus, aggressive and withdrawn students, students with learning disabilities or poor school performance must be seriously considered as at-risk populations.

Socio-economic factors such as poverty, ethnic and social integration are also of the utmost importance. Not unlike individual characteristics, it is unlikely that one socioeconomic factor will foster the development of criminal behaviour. However, these factors are often associated with other elements that have a direct impact upon a child's development. For example, not necessarily poverty itself, but the consequences it can have upon the family environment can lead to serious and long-term negative outcomes. Other barriers such as language, geographic remoteness and isolation can facilitate the emergence of other risk factors.

The questionnaire administered as part of this research was designed to gather information related to the risk factors identified from international references as described above. Based on the results of this questionnaire, the following risk factors emerged as particularly powerful in the Namibian situation:

- Poverty.
- Lack of Education.
- Lack of Parental Involvement in children's lives.
- Low self-esteem.
- Alcohol abuse.
- Sexuality and HIV/AIDS.

There were three findings that were not anticipated after reviewing risk factor identified in international research. Findings like these are particularly important when trying to modify programmes for specific contexts, and underscore the danger in adopting international perspectives without contextualising.



- Many of the youth were not sexually active (although it was noted that among those who were active, “safe sex” practices were often ignored).
- The use substances such as tobacco and drugs), was not common (although it was noted that a substantial number of youth consume alcohol regularly).
- A large number of youth (25%) reported that they constantly thought about suicide.

## **Recommendations about Future Research**

The literature review completed for this study indicated that there has been very little written specifically about the impacts and benefits of recreation on children and youth living in poverty. That being said, and given our earlier discussion around the impacts on children of living in poverty and what constitutes children and youth in an at-risk context, the argument could be made that poor children can benefit just as much – and perhaps even more – as non-poor children and children at-risk. Research in the following areas could provide a much clearer idea about the problems that are being faced and how we can go about addressing those problems.

### **1. Research about the benefits of participation in physical activity.**

It has been documented that strategies involving physical activity and recreation appear particularly promising in minimizing risk factors for youth. Physical activity and recreational participation can provide positive benefits related to psychological health, physical health, familial interaction, peer influence, academic performance, community development, and other lifestyle behaviours. The documentation supporting the enormous potential of physical activity and recreational programmes to positively influence youth in an at-risk context cannot be ignored.

Research on how recreation might reduce youth-related problems is still critical today. For example, additional research is needed to determine more precisely the understanding of the physiological and psychological mechanisms responsible for some of the advantageous behavioural changes that occur in response to physical activity and recreation. Also, additional research into assessment and evaluation



of frameworks and interventions of physical activity and recreation programs and services is vital to the further advancement of the youth-at-risk issue (Canadian Parks and Recreation Association, 1995).

2. Continued research into the risk factors that contribute to the at-risk context.

Physical activity of children and adolescents is affected by many factors beyond the school setting; that is why it is imperative to also address parental involvement, community health services, and community sports and recreation programs for young people through establishing guidelines. Research that documents the relative strengths and weaknesses of various programmes will be invaluable in determining appropriate guidelines that can shape decision-making.

At the local level, teachers and other school personnel, community sports and recreation programme personnel, health service providers, community leaders, and parents may use such guidelines to promote enjoyable, lifelong physical activity among children and adolescents. Policymakers and local, state, and national health and education agencies and organizations may use them to develop initiatives that promote physical activity among young people. In addition, personnel at postsecondary institutions may use these guidelines to train professionals in education, public health, sports and recreation, and medicine.

## **Conclusion about Policies for Youth Physical Activity Programmes**

Following are some concrete recommendations on physical activity that need to be addressed in the formulation of a policy on at-risk youth in Namibia:

### **Youth**

- Ensure that all policies and programmes are centred on the needs of young people themselves, taking into consideration the fact that young people are not just mini-adults.



- Establish methods to consult with youth, and involve them in the development of developmentally appropriate physical activity programmes.
- Build awareness by stimulating more open and better-informed communication about sex, HIV/AIDS, sexuality, gender relations and other youth related issues.

### **Family and Home**

- Promote physical activities that can be done by families, or that involve the whole family.
- Encourage parents to be physically active role models.
- Encourage parents to support and encourage their children to take part in a range of activities. Parental support for physical activities is crucial.

### **School**

- Reintroduce and increase the number of hours devoted to physical education in the curriculum. There should be a statutory 2 period minimum per week dedicated to physical education in Namibian schools. It should however emphasis enjoyable participation in physical activity that helps students develop the knowledge, attitudes, motor skills, behavioural skills and confidence needed to adopt and maintain physically active lifestyles.
- Provide extracurricular physical activity programmes that meet the needs and interest of students. Expose youth to as much sporting disciplines as possible, so that they have a variety to choose from.
- Facilitate an increase in the quality of physical education and training for dedicated physical education teachers, through standardized training packages for specialist physical education teachers.
- Develop the concept of the “Health Promoting School” that takes a whole school approach to health, and ensure that physical activity is a core component.
- Establish the principle of schools as healthy living centres for pupils and for the wider public community to increase the out-of-hours use of school sport facilities.



## **Communities**

- Develop networks of regional or local physical activity/leisure coordinators. These people should be trained properly and be given the responsibility to work across government, facilitating links between all agencies at the local level, including schools, and stimulating community-level action.
- Ensure funding for physical activity programmes at local community level that aim to increase participation in sport and physical activity through the development of public-education campaigns.
- Prioritize the enhancement of safe environments to support formal and informal physical activity; especially non-club based informal activity in deprived areas. This would need to be based on consultation with young people and local needs assessment, but ideas include; Community sport facilities and equipment aimed at young people; basketball hoops; appropriate facilities targeting girls.
- Develop the necessary public health services, institutional support and outreach programmes for young people. Ensure the provision of a range of developmentally appropriate programmes that are attractive to all young people.
- Provide access to community sport and recreational programmes for young people.

## **National and Government**

- Increase the degree of interdisciplinary governmental work on physical activity for young people; by establishing a national task force including representatives from sport, education, health and environment as a minimum.
- Develop initiatives within the sport ministry to make sport more relevant to a broader range of people, shifting the emphasis from competition to participation.
- Develop clear policies on smoke-free and drug-free sports for young people.



- Promote positive attitudes to physical activity, through work with youth magazines or by running mass media campaigns through the utilization of diverse forums and media outlets.

### **Research and Evaluation**

- Establish and fund a Namibian network for physical activity and health promotion of children and young people. The target of the network should be to share information, research results and experiences on the promotion of health and physical activity.
- Intensify the collection, analysis and dissemination of information and experiences regarding policies and programmes on physical activity and health.
- Support studies to develop more specific survey tools and methods covering the whole spectrum of physical activity.
- Monitor the level of physical activity and fitness among children and young people through regular surveys using standardized tools and methods.



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## **APPENDIX A**



**UNIVERSITY OF NAMIBIA**

**FACULTY OF EDUCATION DEPARTMENT**

**Mathematics, Science and Sport Education**

24 September 2003

The Permanent Secretary  
Ministry of Basic Education, Sport and Culture  
Private Bag 13186  
WINDHOEK  
Madam

**REQUEST PERMISSION TO CONDUCT RESEARCH AT SECONDARY SCHOOLS IN KATUTURA AND KHOMASDAL, WINDHOEK**

I am currently lecturing in the Department of Mathematics, Science and Sport Education, Faculty of Education at the University of Namibia. I am also busy with my PhD studies through the University of Stellenbosch and my research involves doing a study on the following:

"A physical activity programme to support the development of Namibian Youth in an at- risk context"

One of the main focuses of the study is to gather information on Youth behaviour in a low-income community such as Katutura and Khomasdal. As such the target population will be Grade 10 learners. The research is purely for academic purposes and it is envisaged that the data gathered from it will be valuable both theoretical and practical to a wide spectrum of institutions and policy formulators.

The collection of the data will be done through the administration of a questionnaire (copy attached), and will not take longer than 20 minutes. I will administer the 300 questionnaires myself before the end of September 2003. Approximately 30 questionnaires will be administered at each of the following Secondary Schools:

A Shipena  
Augustineum  
Goreangab  
Immanuel Shifidi  
Jan Jonker Afrikaner  
David Bezuidenhout  
Cosmos  
Ella du Plessis  
Eldorado  
Hage Geingob

Thanking you in advance for your consideration

Sincerely yours

---

**DONOVAN ZEALAND**

**LECTURER: FACULTY OF EDUCATION**



## **APPENDIX B**





# PAY PROGRAM

PO Box 31445  
 Pionierspark, WINDHOEK  
 Tel. ++ 264 61 234 194 (h) ++ 264 61 206 3020 (w)  
 Cell. 0811288770  
 Fax. ++ 264 61 206 3864  
 E-mail: [dzealand@unam.na](mailto:dzealand@unam.na)

Dear Parent/Guardian

This is a letter to inform you that your child has been selected to be a participant in the PAY Program. The Physically Active Youth of Namibia is an after-school program, will commence operation in February 2004, and run throughout the academic year.

Being a participant in the program is an excellent opportunity for your child. A focus will be placed on the overall health of the children of the PAY Program by promoting daily physical activity and outdoor recreation. In addition to improving physical fitness levels, the participants will also be exposed to lifestyle workshops, tutoring, arts, leadership training, and community development programs.

The PAY Program will run Monday to Friday from approximately 14:30 – 17:00 at the Multipurpose Youth Resource Center in Katutura. Your child will be provided with a safe and supervised environment to both learn and have fun in the important hours after the school day ends. You and your child will be responsible for transportation to and from the center, unless other circumstances can be negotiated with the PAY Program.

The ultimate goal of the program is to empower high school learners to become community leaders in the future. Improving overall health and taking an active role in academic improvement will ensure that the PAY Program will successfully enhance the quality of life for the youth of Namibia.

If you have any questions, comments or concerns, please do not hesitate to contact us at any time.

Sincerely,

**Donovan Zealand**

I, \_\_\_\_\_ do hereby give permission for my son/daughter  
 \_\_\_\_\_ to participate in the PAY Program.

Signed \_\_\_\_\_

Date \_\_\_\_\_



## APPENDIX C



## INFORMED CONSENT FORM

You have been chosen to participate in the physically active youth Namibia program (PAY). The following information explains the program. Please read it carefully and do not hesitate to ask questions about the fitness programme or the information below.

The purpose of the programme is to increase the level of activity and fitness of the participant, to ensure that both physical and emotional well-being is improved.

Program activities will include filling out a written health history, completing an initial exercise examination, and take part in a variety of physical activities. The purpose of testing is to not only ensure initial health, but to provide information about the participant. The results of the tests will be compared to further tests later on in the year with hopes of reporting improvements in health and fitness. All testing and exercises will be supervised by trained fitness leaders. These activities will include running, weight and strength exercises, stretching, and athletics. All records will be held in confidence. The testing data will be used in an anonymous manner to evaluate the effects of the programme.

Certain physical events may occur throughout the physical aspects of the programme. Though professional care in the selection and supervision of participants provides appropriate precautions against problems such as injury, it does not ensure that they will not occur.

If you have any additional questions, please feel free to notify us at any time.

I have read this form and understand that inherent risks are associated with any physical activity and recognize that it is my responsibility to provide accurate and complete health history information. To the best of my knowledge, there are no contraindications to my participation and I agree to participate.

PARTICIPANT NAME .....

PARTICIPANT SIGNATURE .....

DATE .....

GUARDIAN NAME .....

GUARDIAN SIGNATURE .....

DATE .....



## HEALTH HISTORY

**Directions:** You and your parents need to fill out all items.

Name .....

Date .....

Age .....

Sex .....

**Directions:** Please check if you have any of these problems.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1. Heart disease or heart problems

2. Hypertension

3. Stroke

4. Diabetes or abnormal blood pressure

5. Epilepsy or seizures

6. Abnormal chest X-ray

7. Asthma

8. Orthopaedic or muscular problems

9. Overweight

10. Any other major health problems (if yes, please list below)

---



---

11. Use of prescription drugs (if yes, please list drugs below)

---



---

<input type="checkbox"/>
<input type="checkbox"/>

12. Do you smoke?

13. Do you have close relatives who have a history of heart disease?



I hereby certify, to the best of my knowledge, that the above information is accurate.

.....

**Participant's signature**

.....

**Date**

.....

**Parent or Guardian's signature**

.....

**Witness's signature**



## **APPENDIX D**



## **Daily Programme Schedule**

### **Monday to Thursday**

<b>14h00</b>	Snack Time
<b>14h30</b>	Informal Conversations with Participants
<b>14h45</b>	Homework
<b>15h30</b>	Academic Tutoring (various subjects)
<b>16h15</b>	Personal Development/Guest Speakers
<b>16h30</b>	Physical Activity
<b>17h15</b>	Programme ends

### **Friday**

**15h00 – 17h00**

Time is spent on workshops e.g. Craft Making, Movies, Short plays, produced by participant on issues relating to their daily lives. Kicking-Out Aids festivals involving all schools in Windhoek are conducted every last Friday of the month.

### **Saturday**

**10h00 – 12h00**

Additional academic tutoring is given to participants.

### **School Holidays**

Every holiday all the participants and volunteers go on an educational excursion. The programme has an agreement with various conservation authorities whereby programme participants are given access to various facilities.



## **APPENDIX E**



## 2003 NAMBIAN YOUTH IN AT RISK CONTEXT: QUESTIONNAIRE

This questionnaire has been developed to gather information about the current state of Youth in Namibia. It will be administered to Grade 10 learners in Namibian Government Schools. Its main focus is on youth behaviour and attitudes. The information gathered will be used to develop better programmes for the youth of Namibia.

**PLEASE DO NOT** write your name on the questionnaire. The answers given by you will be kept confidential thus no one will know what you write. Answer all questions on what you really do and know.

Make sure you read and understand every question. Circle your answers on the questionnaire.

E.g. If C is the appropriate answer than please encircle it.

A

B

☒ C

D

E

### DIRECTIONS

- Use a pencil only
- Make sure that you circle the answer correctly and legibly
- To change your answer, erase completely and circle the correct answer



1. PERSONAL INFORMATION

1.a ☐ Female ☐ Male

1.b Age

2. LIVING ARRANGEMENTS

2.a Please describe your current living arrangements.  
(Check all that apply)

- ☐ Living at home with both natural parents
- ☐ Living at home with a natural parent and a step-parent
- ☐ Living at home with my mother
- ☐ Living at home with my father
- ☐ Living with relatives
- ☐ Living with friends
- ☐ Living in a group home
- ☐ Living in a foster home
- ☐ Living on my own with government support
- ☐ Living on my own, self supporting

2.b What time must you be home on weekdays (Monday to Thursday)?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before 8 pm	Between 8 - 9 pm	Between 9 - 10 pm	Between 10 - 11 pm	Later than 11 pm	No Curfew

2.c What time must you be home on weekends?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before 9 pm	Between 9 - 10 pm	Between 10 - 11 pm	Between 11 - 12 pm	Later than midnight	No Curfew

3. NEIGHBOURHOOD

3.a As a young adult, what are the "good things" about living in your neighbourhood?

.....

.....

.....



3.b As a young adult, what are the "not so good things" about living in your neighbourhood?

.....

.....

.....

.....

3.c Based on your answers 3.a and 3.b, if you could make any changes, what would they be?

.....

.....

.....

.....

3.d Compared with other neighbourhoods, do you think your neighbourhood has:  
**(Check one box only)**

Much More Crime	Crime	More Crime	Same Amount Crime	Less Crime

3.e Do you feel safe walking alone in your neighbourhood during the day?  
**(Check one box only)**

Very Safe	Safe	Somewhat Safe	Unsafe	Very Unsafe

3.f Do you feel safe walking alone in your neighbourhood after dark?  
**(Check one box only)**

Very Safe	Safe	Somewhat Safe	Unsafe	Very Unsafe

3.g Have you ever heard of violent activities directed at young people in your neighbourhood?

(i.e. gangs, clusters, swarming ...)

☐ YES

☐ NO



3.h If **YES**, describe what you know of these violent activities directed at young people in your neighbourhood.

.....

.....

.....

.....

.....

3.i Do you feel comfortable talking with police officers in your neighbourhood?  
**(Check one box only)**

Very Comfortable	Comfortable	Uncomfortable	Very Uncomfortable	Don't Know

3.j During the last year, did you have any contact with the police?

☐ YES

☐ NO

3.k. If **YES**, for what reason(s)?

.....

.....

.....

.....

3.l Do you have suggestions on how to stop vandalism in your neighbourhood?

.....

.....

.....



#### 4. HEALTH AND SLEEPING HABITS

4.a Please describe what 'being healthy' means to you.

.....

.....

.....

4.b In general, compared to other persons your age, would you say your health is:  
(Check one box only)

Excellent	Good	Fair	Poor	Don't Know

4.c On average, how many hours do you sleep per night, not counting the time it takes for you to fall asleep?  
(Check one box only)

More than 10	Between 9 to 10	Between 8 to 9	Between 7 to 8	Between 6 to 7	Between 5 to 6	Less than 5

4.d Do you feel rested when you wake in the morning?  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

4.e How often do you have difficulty sleeping?  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

4.f Do you have a chronic illness such as asthma or diabetes?

☐ YES ☐ NO

4.g If YES, please describe your illness.

.....

.....



## 5. NUTRITION

5.a Do you think that you could improve your overall health by changing your eating habits?

**(Check one box only)**

Agree	Mildly Agree	Mildly Disagree	Disagree	Strongly Disagree	Don't Know

5.b Do you eat junk food (chips, and chocolate bars ...)?

**(Check one box only)**

Always	Sometimes	Rarely	Almost Never	Never

5.c Do you eat vegetables every day?

**(Check one box only)**

Always	Sometimes	Rarely	Almost Never	Never

5.d Do you eat fruit every day?

**(Check one box only)**

Always	Sometimes	Rarely	Almost Never	Never

5.e Do you eat grain products every day? (rice, cereals, bread, pasta, etc)

**(Check one box only)**

Always	Sometimes	Rarely	Almost Never	Never

5.f Do you eat a meal when you wake up in the morning?

**(Check one box only)**

Always	Sometimes	Rarely	Almost Never	Never

5.g How many cups of coffee do you drink, on average, every day?

**(Check one box only)**

More than 5	4 to 5	2 to 3	1 to 2	None

5.h Approximately how many glasses (cups) of water do you drink per day?

\_\_\_\_\_



5.i Would you be interested in learning more about good nutrition?

☐ YES

☐ NO

☐ DON'T KNOW

6. HEALTHY WEIGHTS

6.a What is your current:

Height(centimeters)

Weight(kilograms)

6.b Do you consider yourself:  
(Check one box only)

Very Overweight	Overweight	Normal Weight	Somewhat Underweight	Very Underweight

6.c Do others pressure you to lose or gain weight?  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

6.d Are you happy with your current weight?  
(Check one box only)

Very Happy	Sometimes Happy	Happy	Somewhat Unhappy	Very Unhappy

6.e Select and complete one of the following statements.

☐

I want to maintain my current weight.

☐

I want to gainkilograms.

☐

I want to losekilograms.

6.f I you want to gain or lose weight, how do you plan on doing this?

.....

.....



7. **SMOKING**  
**(Smoking includes cigarettes, cigars or pipes)**

7.a Are there any smokers in your home?

☐ YES

☐ NO

☐ DON'T KNOW

7.b Would you consider yourself a:  
**(Check one box only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Smoker	Occasional Smoker	Former Smoker	Non-smoker

7.c If you currently smoke or did smoke, how old were you when you started smoking?

\_\_\_\_\_

**If you are a FORMER SMOKER or NON-SMOKER go to question 8**

7.d How many cigarettes do you smoke per day?

\_\_\_\_\_

7.e Do you think that smoking will shorten your life?

☐ YES

☐ NO

☐ DON'T KNOW

7.f Do you agree that you will develop health-related problems because you smoke?  
**(Check one box only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree	Don't Know

7.g Have you tried to quit smoking in the past twelve months?

☐ YES

☐ NO

7.h If YES, how many times?

\_\_\_\_\_

7.i Why is it difficult for you to stop smoking?  
**(Check one box only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member(s) smoke	Weight maintenance	Friends smoke	Do not want to stop smoking	Part of my social life	Cannot stop

Other (Specify):

.....



7.j Would you be interested in learning more about ways to stop smoking?

☐ YES

☐ NO

☐ DON'T KNOW

8. DRUGS

8.a Have you taken any of the following drugs in past twelve months?  
(Check all that apply)

Marijuana	Hashish	Cocaine or other hard drugs	None of the above

Other (Specify):

.....

8.b If you answered "none of the above" go to Question 9.

8.c How old were you the first time you experimented with drugs?

8.d How often have you used marijuana in the past twelve months?  
(Check one box only)

Daily	Almost Daily	Weekly	Occasionally	Rarely	Never

8.e How often have you used cocaine or other hard drugs in the past twelve months?  
(Check one box only)

Daily	Almost Daily	Weekly	Occasionally	Rarely	Never

8.f Have you injected any type of illegal drug such as heroin in the past twelve months?

☐ YES

☐ NO

8.g If YES, did you share needles or syringes with others?

Yes, with close friends only	Yes, with others	Never shared needles or syringes



8.h Did you ever get "high" ("buzzed") before going to school?  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

8.i Do you ever take illegal drugs at school?  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

8.j Have you tried sniffing substances such as glue, gasoline, paint thinner etc, to get high in the past twelve months?

☐ YES

☐ NO

8.k If YES, how often?  
(Check one box only)

Daily	Almost Daily	Weekly	Occasionally	Rarely	Never

8.l In your opinion, how easy is it to obtain illegal drugs?  
(Check one box only)

Very Easy	Easy	Somewhat Easy	Difficult	Very Difficult	Don't Know

8.m Have you taken any of the following medication to get "high" or "buzzed", to lose weight or to improve your physical performance?  
(Check all that apply)

☐ Gravol

☐ Sudafed

☐ Tylenol

☐ Diet Pills

☐ Mouthwash

☐ Advil

☐ Caffeine

☐ Midol

☐ Decongestants

☐ Cough Syrup

☐ Laxatives

Other (Specify):  
.....  
.....



8.n Do you ever think illegal drugs, prescription medication, or over-the-counter medications are the cause of some of your personal problems?

☐ YES ☐ NO ☐ DON'T KNOW

8.o Do others ever tell you that illegal drugs, prescription medication, over-the-counter medication are the cause of some of your personal problems?

☐ YES ☐ NO ☐ DON'T KNOW

8.p Are any problems in your home related to the use of illegal drugs, prescription medication, or over-the-counter medications?

☐ YES ☐ NO ☐ DON'T KNOW

8.q Would you be interested in learning more about ways of dealing with problems related to drugs?

☐ YES ☐ NO ☐ DON'T KNOW

## 9. ALCOHOL

9.a How often do you drink alcoholic beverages?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily	Almost Daily	Weekly	Occasionally	Rarely	Never

If you answered NEVER, go to question 10.

9.b Not counting small sips, at what age did you have your first alcoholic beverage?

\_\_\_\_\_

9.c How many times in the past 12 months did you consume 5 or more drinks on one occasion?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 times	More than 5 times	4 to 5 times	2 to 3 times	1 to 2 times	Never

9.d Do you ever drink alcohol before going to school?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always	Sometimes	Rarely	Almost Never	Never



9.e Have you ever tried to reduce the amount of alcohol you drink?

☐ YES ☐ NO

9.f Do **you** ever think that alcohol is the cause of your personal problems?

☐ YES ☐ NO ☐ DON'T KNOW

9.g Do **others** ever tell you that alcohol is the cause of some of your personal problem?

☐ YES ☐ NO ☐ DON'T KNOW

9.h Are there any problems related to alcohol in your home?

☐ YES ☐ NO ☐ DON'T KNOW

9.i Would you be interested in learning more about ways of dealing with problems related to alcohol?

☐ YES ☐ NO ☐ DON'T KNOW

## 10. SEXUALITY

10.a Which of the following sources provides you with sex education?

**(Check all that apply)**

☐ Parents  
☐ TV  
☐ Books  
☐ Internet  
☐ Friends/Partner

☐ Health Unit  
☐ Pharmacy  
☐ School  
☐ Doctor/Nurse  
☐ Priest/Minister

Other (Specify):

.....

.....



- 10.b Of the following birth control methods which one(s) are you unfamiliar with, have some basic knowledge about, and which one(s) do you know how to use?  
(Check all that apply)

TYPE	NO KNOWLEDGE (✓)	BASIC KNOWLEDGE (✓)	KNOW HOW TO USE (✓)
Abstinence (not having sex)			
Foam			
Diaphragm			
Condom			
Intra Uterine Device (I.U.D.)			
Female Condom			
Norplant			
Natural Family Planning Methods (based on time of ovulation):			
• Calendar Method			
• Sympto-thermal (temperature)			
• Rhythm method			
Sponge			
Pill			
Withdrawal (pulling out)			
"The Needle" Depo provera injection			
Condom with foam			

- 10.c Are you satisfied with sex education that is available to you?  
(Check one box only)

Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied

- 10.d Do you ever worry about getting sexually transmitted diseases (STDs) or AIDS?

☐ YES ☐ NO



10.e Which of the following sexually transmitted diseases (STDs) would you like to have more information about?

<input type="checkbox"/>	Chlamydia	<input type="checkbox"/>	Herpes
<input type="checkbox"/>	Gonorrhoea	<input type="checkbox"/>	Venereal Warts
<input type="checkbox"/>	Syphilis	<input type="checkbox"/>	Hepatitis "B"
<input type="checkbox"/>	AIDS	<input type="checkbox"/>	None

Other (Specify):

.....

.....

10.f Do you ever feel pressure from your partner or friends to have sex?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always	Sometimes	Rarely	Almost Never	Never

10.g Have you had sexual intercourse?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

10.h If **NO**, go to question 10.o.

10.i If **YES**, how old were you the first time you had sex?

\_\_\_\_\_

10.j Which of the following reasons explains why you had sexual intercourse.  
(Check all that apply)

<input type="checkbox"/>	Love for partner	<input type="checkbox"/>	Moment of passion
<input type="checkbox"/>	Pressure from partner	<input type="checkbox"/>	Loss of self-control
<input type="checkbox"/>	Under the influence of drugs or alcohol	<input type="checkbox"/>	Pressure from friends
<input type="checkbox"/>	Wanted to start a family	<input type="checkbox"/>	Loneliness
<input type="checkbox"/>	Curiosity	<input type="checkbox"/>	Did not want to lose partner
<input type="checkbox"/>	Forced physically	<input type="checkbox"/>	Felt I was ready

Other (Specify):

.....

.....



10.k Which of the following birth control methods have you used?  
(Check all that apply)

TYPE	Have used (✓)	TYPE	Have used (✓)
Abstinence (not having sex)		Natural Family Planning Methods:	
Foam		• Calendar Method	
Diaphragm		• Sympto-thermal	
Condom		• Rhythm method	
Intra Uterine Device (I.U.D.)		Sponge	
Female Condom		Pill	
Norplant		Withdrawal (pulling out)	
"The Needle" Depo provera injection		Condom with foam	

10.l How often do you or your partner(s) use birth control?  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

10.m Which of the following reasons explain why you HAVE NOT used birth control in the past?  
(Check all that apply)

<input type="checkbox"/>	Thought I did not have sex often enough to become pregnant	<input type="checkbox"/>	No convenient clinics where one can get birth control
<input type="checkbox"/>	Wanted to become pregnant	<input type="checkbox"/>	Birth control costs too much
<input type="checkbox"/>	Using birth control is against personal values	<input type="checkbox"/>	Did not get around to getting my birth control
<input type="checkbox"/>	Afraid parents would find out	<input type="checkbox"/>	Believe birth control is harmful
<input type="checkbox"/>	Afraid of being questioned or examined by a doctor	<input type="checkbox"/>	It just happened
<input type="checkbox"/>	Did not know where to get birth control	<input type="checkbox"/>	Thought it would not happen to me
<input type="checkbox"/>	Too embarrassed or shy to get birth control		

Other (Specify):  
.....  
.....



10.n Have you ever had a child?

☐

YES

☐

NO

10.o Please indicate which of the following birth control methods provide good, fair or poor protection against sexually transmitted diseases (STDs)?

TYPE	Good (✓)	Fair (✓)	Poor (✓)	Don't Know (✓)
Abstinence (not having sex)				
Foam				
Diaphragm				
Condom				
Intra Uterine Device (I.U.D.)				
Female Condom				
Norplant				
Natural Family Planning Methods (based on time ovulation):				
• Calendar Method				
• Sympto-thermal (temperature)				
• Rhythm method				
Sponge				
Pill				
Withdrawal (pulling out)				
"The Needle" Depo provera injection				
Condom with foam				

10.p If you needed to talk to someone about birth control methods or sexually transmitted diseases (STDs) who would you want to talk to?

.....

.....



- 10.q How comfortable would you feel talking to this person or agency about birth control methods or sexually transmitted diseases (STDs)?  
(Check one box only)

Very Comfortable	Comfortable	Uncomfortable	Very Uncomfortable	Don't Know

- 10.r Have you ever experienced or witnessed violence or sexual assault?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

If **NO**, go to question 11.a.

- 10.s If YES, what type of violence or sexual assault have you experienced or witnessed?  
(Check all that apply)

TYPE	Have personally Experienced (✓)	Have Witnessed (✓)
Incest by a family member		
Incest by a relative		
Date rape		
Rape by someone you know		
Rape by a stranger		
Sexual harassment (school or other)		
Mental abuse		
Physical abuse		
Other (Specify):		

- 10.t Did you seek out help or support for yourself (or for someone else) after the act of violence or sexual assault?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

## 11. SELF-ESTEEM

- 11.a I feel happy and interested in life.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.b I feel quite loved and appreciated.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never



- 11.c My parents understand me.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.d I have a happy home life.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.e I believe that I am accepted by my friends.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.f I believe that I am intellectually equal to my friends.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.g I believe that I am accepted by my teachers.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.h I am happy at school.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.i I like the way I am treated by adults.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

- 11.j I feel that adults take me seriously.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never



11.k I feel full of energy.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

11.l My parents expected too much of me.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

11.m I would like to leave home.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

11.n I get frustrated.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

11.o I cannot sleep because I worry.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

11.p I feel stressed.  
(Check one box only)

Always	Sometimes	Rarely	Almost Never	Never

11.q Have you ever seriously considered killing yourself, in the past twelve months?

☐ YES ☐ NO

11.r If you answered YES to either of the above questions, why?

.....  
.....



11.s Who do you turn to when you have personal problems?  
(Check all that apply)

<input type="checkbox"/>	Parents	<input type="checkbox"/>	Coach
<input type="checkbox"/>	Brother	<input type="checkbox"/>	School Nurse
<input type="checkbox"/>	Grandparents	<input type="checkbox"/>	Doctor
<input type="checkbox"/>	Friends/Partner	<input type="checkbox"/>	Clergy
<input type="checkbox"/>	Teachers	<input type="checkbox"/>	Outside Agency
<input type="checkbox"/>	School Administrators	<input type="checkbox"/>	I do not turn to anyone
<input type="checkbox"/>	School Guidance Counsellors		

Other (Specify):  
.....  
.....

11.t Have you taken any medication to deal with depression in the past twelve months?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

11.u If YES, which one(s)?  
.....  
.....

12. FITNESS AND RECREATION

12.a On average, are you satisfied or dissatisfied with the amount of leisure time you have in a week?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Very Dissatisfied

12.b On a weekday, about how many hours do you spend watching television?  
(Check one box only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Less than ½ hour	½ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours



- 12.c On weekends, about how many hours do you spend watching television?  
(Check one box only)

None	Less than $\frac{1}{2}$ hour	$\frac{1}{2}$ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

- 12.d On a weekday, about how many hours do you spend listening to the radio, tapes or CDs for pleasure?  
(Check one box only)

None	Less than $\frac{1}{2}$ hour	$\frac{1}{2}$ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

- 12.e On weekends, about how many hours do you spend listening to the radio, tapes or CDs for pleasure?  
(Check one box only)

None	Less than $\frac{1}{2}$ hour	$\frac{1}{2}$ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

- 12.f On a weekday, about how many hours do you spend reading for pleasure?  
(Check one box only)

None	Less than $\frac{1}{2}$ hour	$\frac{1}{2}$ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

- 12.g On weekends, about how many hours do you spend reading for pleasure?  
(Check one box only)

None	Less than $\frac{1}{2}$ hour	$\frac{1}{2}$ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

- 12.h On a weekday, about how many hours do you spend on the computer (Internet, chat lines, video games, etc) for pleasure?  
(Check one box only)

None	Less than $\frac{1}{2}$ hour	$\frac{1}{2}$ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours



12.i On **weekends**, about how many hours do you spend on the computer (Internet, chat lines, video games, etc) for pleasure?  
**(Check one box only)**

None	Less than ½ hour	½ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

12.j In the last past 12 months, how many times have you attended a play, musical or live theatre performance?  
**(Check one box only)**

None	Less than ½ hour	½ hour to hour	1 to 2 hours	3 to 4 hours	More than 5 hours

12.k Are you involved in any of the following arts-related activities in your leisure time?  
**(Check all that apply)**

<input type="checkbox"/>	Acting	<input type="checkbox"/>	Dancing
<input type="checkbox"/>	Crafts (pottery making, macramé)	<input type="checkbox"/>	Singing, musical instrument
<input type="checkbox"/>	Drawing, painting, sculpting	<input type="checkbox"/>	Writing (poetry, prose, letters)
<input type="checkbox"/>	Photography	<input type="checkbox"/>	None

Other (Specify):  
.....  
.....

12.l What other **arts-related activities** would you like to see offered locally in the upcoming year?

.....  
.....  
.....  
.....



12.m Please indicate which of the following sports or fitness activities you have participated in, in the past 12 months.  
(Check all that apply)

<input type="checkbox"/>	Aerobics, dancercise, yoga, etc.	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Orienteering
<input type="checkbox"/>	Ballroom dancing	<input type="checkbox"/>	Pool, billiards
<input type="checkbox"/>	Baseball, softball	<input type="checkbox"/>	Basketball – recreational
<input type="checkbox"/>	Table tennis	<input type="checkbox"/>	Skateboarding
<input type="checkbox"/>	Basketball – competitive	<input type="checkbox"/>	Squash
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	Boating/canoeing/sailing	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Volleyball – recreational
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Volleyball – competitive
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Walking for exercise, race walking
<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Weight lifting
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Karate, judo, wrestling
<input type="checkbox"/>	Jogging, running		

Other (Specify):

.....

.....

12.n What sports or fitness activities would you like to see offered locally in the upcoming year?

.....

.....

.....

.....



12.o Are you involved in any of the following hobbies in your leisure time?  
(Check all that apply)

<input type="checkbox"/>	Collecting (stamps, antiques, books, memorabilia)	<input type="checkbox"/>	Sewing, needlework, etc.
<input type="checkbox"/>	Building models	<input type="checkbox"/>	Woodworking
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	None
<input type="checkbox"/>	Mechanical repairs		

Other (Specify):

.....

.....

12.p What kinds of barriers or obstacles are stopping you from participating in leisure activities?  
(Check all that apply)

<input type="checkbox"/>	Lack of time	<input type="checkbox"/>	Difficult to get information on what is offered locally
<input type="checkbox"/>	Lack of energy	<input type="checkbox"/>	Not enough activities specifically for my age group
<input type="checkbox"/>	No companionship	<input type="checkbox"/>	Not enough activities offered in my language of choice
<input type="checkbox"/>	Lack of transportation/activity location	<input type="checkbox"/>	Too expensive
<input type="checkbox"/>	Programs do not match personal interests	<input type="checkbox"/>	Limited by health-related problem(s)
<input type="checkbox"/>	Facilities are overcrowded (pools, courts, parks, clubs, etc.)	<input type="checkbox"/>	Facilities are not available

Other (Specify):

.....

.....

12.q Is physical education being offered at your school?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

12.r Do you like Physical Education?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

12.s Why?



.....

.....

.....

12.t Are you satisfied with the extra curricular activities offered in your school?

☐ YES

☐ NO

☐ DON'T KNOW

12.u If NO, describe the kinds of activities you think should be offered at your school?

.....

.....

.....

12.v Considering all the things you do in your leisure time, how satisfied or dissatisfied are you with the way you spend your free time?  
(Check one box only)

Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Very Dissatisfied

12.w Do you think you can improve your overall health by changing your recreational and physical activity habits?

☐ YES

☐ NO

☐ DON'T KNOW

12.x Where do you like to hang out?  
(Check all that apply)

☐ Malls

☐ Theatre

☐ Dance Club

☐ Bowling Alley

☐ Recreational Facilities

☐ Streets

☐ Parks

☐ Bus Transit

☐ Restaurants

☐ Friend's House

☐ At Home

Other (Specify):

.....

.....



12.y Do you think there is a need for a Youth Centre in Katutura?

☐

YES

☐

NO

☐

DON'T KNOW

12.z If YES, which of the following programs and services do you think should be offered at a youth center?

(Check all that apply)

☐

Sporting events

☐

Dance club

☐

Coffee house

☐

Games lounge

☐

Health services

☐

Study hall

☐

Peer counselling

☐

Life skills

☐

Movie & sports nights

Other (Specify):

.....

.....

13. VOLUNTEER SERVICES

13.a Have you volunteered your services in the past year?

☐

YES

☐

NO

13.b If YES, list where you have volunteered.

.....

.....

.....

.....

.....

14. ECONOMICAL AND EDUCATIONAL INFORMATION

14.a Do you currently receive a weekly allowance/pocket money?

☐

YES

☐

NO



14.b If **YES**, how much do you receive per week?  
N\$ \_\_\_\_\_

14.c Do you currently have a part-time job?

☐

YES

☐

NO

14.d If **YES**, how many hours do you work per week?

\_\_\_\_\_

14.e If **YES**, how much do you earn in a week?  
N\$ \_\_\_\_\_

14.f Is staying in school important for you?  
**(Check one box only)**

Very Important	Somewhat Important	Important	Somewhat Unimportant	Unimportant	Very Unimportant

14.g What is the highest level of education you plan on obtaining?  
**(Check all that apply)**

☐  
☐  
☐

Some High School

High School Certificate

Apprenticeship

☐  
☐  
☐

Undergraduate University Degree

Graduate University Degree

College – Certificate or Diploma

Other (Specify):

.....  
 .....

14.h Do you intend on attending a post-secondary institution (college, university or other) immediately following graduation from high school?

☐

YES

☐

NO

☐

DON'T KNOW

14.i If **NO**, why not?

**(Check all that apply)**

☐  
☐

Work to save money

Decide what to study

☐  
☐

Break from school

Travelling

Other (Specify):

.....  
 .....



14.j How do you plan on paying for your post-secondary education?  
(Check all that apply)

<input type="checkbox"/>	Government/other loan	<input type="checkbox"/>	Part-time job(s) while in school
<input type="checkbox"/>	Scholarships	<input type="checkbox"/>	Personal Savings
<input type="checkbox"/>	Full-time job(s) while in school	<input type="checkbox"/>	Parents

Other (Specify):  
.....  
.....

14.k What is the CURRENT employment status of your MOTHER (or guardian)?  
(Check one box only)

Full Time 35 hours/wk	Part Time Less than 35 hours/week	Unemployed	Retired	Deceased	Don't Know

14.l How would you describe your family's financial situation?  
(Check one box only)

<input type="checkbox"/>	Well above average	<input type="checkbox"/>	Somewhat below average
<input type="checkbox"/>	Somewhat above average	<input type="checkbox"/>	Well-below average
<input type="checkbox"/>	About average		

15. ADDITIONAL COMMENTS

15.a Please note any additional comments you would like to make in the space below.  
.....  
.....  
.....  
.....

THIS IS THE END OF THE QUESTIONNAIRE  
  
THANK YOU VERY MUCH